

1.) CORPORATION NAME:

**Saybrus Partners, Inc.**

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060**

SCC ID NO: **F1807371**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,117,650

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE AMERICAN ROW  
CITY/ST/ZIP: HARTFORD, CT 06102

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: EDWARD W CASSIDY TITLE: P/MGR PRIN ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN H BEERS TITLE: VP & SECRETARY ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ADAM M SADOWSKI TITLE: ASSISTANT VP ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN T MULRAIN TITLE: EVP & ASST SECY ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SUSAN L GUAZZELLI TITLE: 2VP & TREASURER ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ANNE M KAPLAN TITLE: ASST TREASURER ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: AZIZ ALI TITLE: PRINCIPAL ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: KEVIN M KIMBROUGH TITLE: PRINCIPAL ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MOIRA C LOWE TITLE: PRINCIPAL ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: PETER A HOFMANN TITLE: DIRECTOR ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 01602	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BONNIE J MALLEY TITLE: DIRECTOR ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID R PELLERIN TITLE: DIRECTOR ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES D WEHR TITLE: CHAIRMAN BOARD ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ JOHN H BEERS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN H BEERS, VP & SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
9/25/2012 _____ DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	