2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2007 8:00 am Secretary of State

04-17-2007 90243 021 ***150.00

1. Entity Nam	MENT # 803376 INSURANCE COMPANY C	F CONNECTICUT				04-17-	-2007 9	0243 02	21 ***15	0.00
Principal Plac	e of Business	Mailing Address			- 0.0	CE 0 21	n e			
ONE CITYPLA	ACE	P.O. BOX 990026			400	65831	U			
18CP	CT 06103-3415 US	18 CP Hartford, CT 06199-0026 US								
HARTFURD, (JE 00103-3415 US	MAKIFUKU, CI UU199-C	JU20 U3) CIEM EIEM CIE	
One Ci	tace of Business - No P.O. Box # Ltyplace	3. Mailing Address One MetLife Pl	aza							
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27-01 Queens F	Plaza N.		04102007	Chg-F	•	CR2E03	34 (12/06)	
City & State Hartford, CT		City & State Long Island City, NY			4. FEI Number 06-056				<u> </u>	eplied For at Applicable
Zip OC 1 OC	Country	Zip 11101	Country	٨	5. Certificate	of Status D	esired		\$8.75 Add	
00103	3-3415 USA 6. Name and Address of Current I	L		A.	7. Name and	Address o	f New Red		Fee Require	a
	V. Turno and Flagrands of Carryna	togistion / igone	Name		1. 140110 0110	- Auditess o		giotei eu A	- NOTE	
P O BOX 6	Street A	Street Address (P.O. Box Number is Not Acceptable)								
	SSEE, FL 32399-0000			•						
			City	******				FL	Zip Cod	0
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or	registere	ed agent, or bo	th, in the Sta	ate of Flori		amiliar with,	and accept
the obligat	ions of registered agent.									
SIGNATURE_										
SIGNATORIE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE; l	Registered Agent signati	ure required	when reinstating)			DATE		·····
FILI	Signature, typed or printed name of registered agent a E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig	n Financing	\$5.	when reinstating) OO May Be and to Fees	1		DATE		
FILI	E NOW!!! FEE IS \$150.00	9. Election Campaig Trust Fund Contrib	n Financing	\$5.	00 мау Ве	/CHANGES	TO OFFIC		DIRECTOR	S IN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	8FV	Korly	Steven J. Bras	h, Vice	President,	04/11/2007,	212-578-4852	
	SIGNATURE AND	TYPED OR PRINTED NAME OF SIG	NING OFFICER OR DIRECTOR			Date	Daytime Phone #	