2004 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # 828899 1. Entity Name DEAN WITTER REYNOLDS INSURANCE SERVICES, INC.						04-30-2004 90319 017 ***150.00				
Principal Plac	ce of Business	Mailing Address		1 -						
C/O MORGAN STANLEY DEAN WITTER & CO 1585 BROADWAY 1 PARKVIEW PLAZA, F OAKBROOK TERRACE,			.0. BOX 5555			: 200/03 19/19 31	. 1 11 12 12 12 12 12 12 12	I BI FII SIBII BIBII	: BITII BIBII BII	J 12 izzi
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04122004	Chg-P	CR2E03	34 (10/03)	
City & State		City & State				4. FEI Number 51-0116	113		<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Country			5. Certificate of	Status Desired	□ \$	8.75 Add ee Require	ditional ed
	6. Name and Address of Current		7. Name and Address of New Registered Agent							
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Add	Street Address (P.O. Box Number is Not Acceptable)					
				GROOT ACCEPTABLE						
				City				FL	Zip Cod	e
the obligat	e named entity submits this statement for tions of registered agent.	or the purpose of changing it	s register	ed office or re	egister	ed agent, or both,	in the State of Flo	rida. I am fa ్లాగా	miliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title it applicable. (NO	TE: Registere	d Agent signature	e required	When reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.		•		\$5. Adde	00 May Be ed to Fees	IANOSS TO OFFI	05D0 AND I		0.00
TITLE	V	Delete	TITL:	e T		ADDITIONS/CI	HANGES TO OFFI		□ Change	
NAME STREET ADDRESS CITY-ST-ZIP	ALECCI, FRANK M MACK CENTER IV, S 61, PARM PARAMUS, NJ 07652		NAM STRE	I .					Gliange	Addition
TITLE NAME	D PYNDUS, JOHN E	☐ Delete	TITLI						C hange	Addition
STREET ADDRESS	1221 AVENUE OF THE AMERICAS			ET ADDRESS		WESTCHE		•		
CITY-ST-ZIP	7.2.7 7.5.4.4.7			-ST-ZIP	PURC	HASE, N.	y 10577			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHMITT, LEONARD J HARBORSIDE FINANCIAL CENTER #2								Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYLE, JAMES P 1221 AVENUE OF THE AMERIC NEW YORK, NY 10020	□ Delete		ET ADDRESS		orside fii Ey city		2	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FITZPATRICK, DANIEL 1221 AVENUE OF THE AMERIC NEW YORK, NY 10020	☐ Delete		E					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PALLADINO, LOU 750 7TH AVENUE NEW YORK, NY 10019	☐ Delete	CITY	E ET ADDRESS - ST- ZIP					Change	Addition
12. I hereby indicated of the corchanged	certify that the information dupplied with ton this report or supply mental report is reporation or the receiver or trustee emi , or on an attachment with an address.	had stilling does not qualify for furue and accurate and that owered to execute this repor with all gine like empowered	or the exe my signat t as requi	mption stated ture shall hav red by Chapt	d in Sec ve the s ter 607,	ction 119.07(3)(i), ame legal effect a Florida Statutes;	Florida Statutes. I s if made under of and that my name	further certife ath; that I am appears in I	y that the in an officer Block 10 or	or director Block 11 if

SIGNATURE:

BRUCE R. SANDBERG, ASSISTANT TREASURER DEVELOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29/04 630-684-6140

Daytime Phone #

allachmont 54046434 7+ 828899

MORGAN STANLEY DEAN WITTER INSURANCE SERVICES INC.

Officers

SCHMITT, LEONARD J.

ALECCI, FRANK M.

BUTLER, STEPHEN

CAPSHAW, BENJAMIN

DAVIDSON, W. DOUGLAS

DAVIS, BRIAN S.

FAULKNER, DAVID

GREEN, THOMAS E.

KELLER, KURT

KEPLEY, JR., HAYDEN

MARTIN, PAUL

MCCORMICK DAVIS, SUSAN

SCOTT, HARLAN RODNEY

PALLADINO, LOU

SANDBERG, BRUCE

FITZPATRICK, DANIEL J.

FINKLE, ISAAC

HURLEY, SABRINA

Title

PRESIDENT

VICE PRESIDENT

TREASURER

ASSISTANT TREASURER

SECRETARY

ASSISTANT SECRETARY

ASSISTANT SECRETARY

Directors

BOYLE, JAMES P.

PYNDUS, JOHN E.

SCHMITT, LEONARD J.