

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000527

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: JPMORGAN INSURANCE AGENCY, INC.

## Current Principal Place of Business:

500 STANTON CHRISTINA RD  
OPS J-2ND FOOOR  
NEWARK, DE 19713

## New Principal Place of Business:

## Current Mailing Address:

500 STANTON CHRISTINA RD  
OPS J-2ND FOOOR  
NEWARK, DE 19713

## New Mailing Address:

FEI Number: 51-0335569      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: HARLIN, JAMES L  
Address: 2500 WESTFIELD DR., 2ND FL  
City-St-Zip: ELGIN, IL 60123

Title: VP ( ) Delete  
Name: REISTERER, JAMIE L  
Address: 2500 WESTFIELD DR., 2ND FL  
City-St-Zip: ELGIN, IL 60123

Title: VS ( ) Delete  
Name: GUSA, ARTHUR T  
Address: 1 CHASE MANHATTAN PL 25TH FLOOR  
City-St-Zip: NEW YORK, NY 1000

Title: VPT ( ) Delete  
Name: BARRELL, DAVID S  
Address: 500 STANTON CHRISTINA RD  
City-St-Zip: NEWARK, DE 19713

Title: VD ( ) Delete  
Name: PICARELLO, JOSEPH D  
Address: 380 MADISON AVENUE, 13TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

Title: V ( ) Delete  
Name: MARAZZO, JOHN F  
Address: 500 STANTON CHRISTIANA RD., 1-OPS2  
City-St-Zip: NEWARK, DE 19713

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L HARLIN

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

P

04/26/2006

\_\_\_\_\_ Date