



**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

4/1:

04-13-2007 90182 036 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # F0000000527</b>			
1. Entity Name JPMORGAN INSURANCE AGENCY, INC.			
Principal Place of Business 500 STANTON CHRISTINA RD OPS I-2ND FLOOR NEWARK, DE 19713		Mailing Address 500 STANTON CHRISTINA RD OPS I-2ND FLOOR NEWARK, DE 19713	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 51-0335569		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (MORE Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARLIN, JAMES L 2500 WESTFIELD DR., 2ND FL ELGIN, IL 60123 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD</del> <del>MARTHA J LEIGHTON</del> PD <del>345 PARK AVENUE NY1-N029</del> <del>NEW YORK NY 10017</del> MARTHA J LEIGHTON PD 345 PARK AVENUE NY1-N029 NEW YORK NY 10154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REISTERER, JAMIE L 2500 WESTFIELD DR., 2ND FL ELGIN, IL 60123 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TERWILLEGER, KENNETH B 2500 WESTFIELD DRIVE ILL-6052 ELGIN IL 60124 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GUSA, ARTHUR T 1 CHASE MANHATTAN PL, 25TH FLOOR NEW YORK, NY 1000 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID BURGER, CORRINE M 1111 POLARIS PARKWAY OH1-1062 COLUMBUS OH 43240 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BARRELL, DAVID S 500 STANTON CHRISTINA RD NEWARK, DE 19713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V 500 CHRISTIANA RD DE3-1560 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PICARELLO, JOSEPH D 380 MADISON AVENUE, 13TH FLOOR NEW YORK, NY 10017 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHORES, PATRICIA L 500 CHRISTIANA RD DE3-1560 NEWARK DE 19713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARAZZO, JOHN F 500 STANTON CHRISTIANA RD., 1-OPS2 NEWARK, DE 19713 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Authorized Signer DROZEK, FRANK J 10 SOUTH DEARBORN ILL-0308 CHICAGO IL 60603 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: Frank J Drozek 		Date: 01-06-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 312-407-8060	

66015462



04042007 Chg-P CR2E034 (12/06)

# ATTACHMENT

66015462

Attachment: FL Annual Report  
JPMorgan Insurance Agency, Inc.

Control No: F00000000527

## Directors & Officers:

David S Barrell  
VP/AT

500 Stanton Christiana Road DE3-1560  
Newark DE 19713

Corrine M Burger  
D/T

1111 Polaris Parkway OH1-1062  
Columbus OH 43240

Kevin J Coupe  
VP

194 Wood Avenue South NJ2-1482  
Iselin NJ 08830

James G Daleo  
AVP

2500 Westfield Drive IL1-6052  
Elgin IL 60124

John J Docter  
AVP

111 East Wisconsin Avenue WI1-2010  
Milwaukee WI 53202

Patrick J Edwards  
VP

10 South Dearborn IL1-1651  
Chicago IL 60603

Marc J Fink  
VP

201 North Walnut Street DE1-1170  
Wilmington DE 19801

Julie A Hofmann  
Prod Mgr

10 South Dearborn IL1-1651  
Chicago IL 60603

Marie I Jordan  
AS

10 South Dearborn IL1-0290  
Chicago IL 60603

Martha J Leighton  
D/P

345 Park Avenue NY1-N029  
New York NY 10154

Patricia L Shores  
VP/AT

500 Stanton Christiana Road DE3-1560  
Newark DE 19713

James J Stella  
VP

345 Park Avenue NY1-N033  
New York NY 10154

Kenneth B Terwilliger  
D/SVP/S

2500 Westfield Drive IL1-6052  
Elgin IL 60124