

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000527

FILED
Jan 17, 2008
Secretary of State

Entity Name: JPMORGAN INSURANCE AGENCY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

500 STANTON CHRISTINA RD
OPS 1-2ND FLOOR
NEWARK, DE 19713

Current Mailing Address:

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

New Mailing Address:

500 STANTON CHRISTINA RD
OPS 1-2ND FLOOR
NEWARK, DE 19713

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: PD () Delete
Name: LEIGHTON, MARTHA J PD
Address: 345 PARK AVENUE NY1-N029
City-St-Zip: NEW YORK, NY 10154

Title: SD () Delete
Name: TERWILLEGGER, KENNETH B
Address: 2500 WESTFIELD DRIVE IL1-6052
City-St-Zip: ELGIN, IL 60123

Title: TD () Delete
Name: BURGER, CORRINE M
Address: 1111 POLARIS PARKWAY OH1-1062
City-St-Zip: COLUMBUS, OH 43240

Title: V () Delete
Name: BARRELL, DAVID S
Address: 500 CHRISTINA RD. DE3-1560
City-St-Zip: NEWARK, DE 19713

Title: V () Delete
Name: SHORES, PATRICIA L
Address: 300 CHRISTINA RD. DE3-1560
City-St-Zip: NEWARK, DE 19713

Title: SIGN () Delete
Name: DROZEK, FRANK J
Address: 10 SOUTH DEARSON TLI-0308
City-St-Zip: CHICAGO, IL 60603

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 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: DAVID S BARRELL

V

01/17/2008

Electronic Signature of Signing Officer or Director

_____ Date