2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 828899

Entity Name: MORGAN STANLEY INSURANCE SERVICES INC.

FILED May 04, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O MORGAN STANLEY DEAN WITTER & CO 1585 BROADWAY

1585 BROADWAY NEW YORK, NY 10036 US NEW YORK, NY 10036

Current Mailing Address: New Mailing Address:

C/O MORGAN STANLEY TAX 1585 BROADWAY

1 PARKVIEW PLAZA STE 100 NEW YORK, NY 10036 US OAKBROOK TERRACE, IL 601815555

FEI Number: 51-0116113 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US

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

OFFICERS AND DIRECTORS:

Title: VF

 Name:
 ALECCI, FRANK M

 Address:
 1585 BROADWAY

 City-St-Zip:
 NEW YORK, NY 10036 US

Title: DP

 Name:
 ZAFRAN, FRANK P DP

 Address:
 1585 BROADWAY

 City-St-Zip:
 NEW YORK, NY 10036 US

Title: D

Name: MARYNOWSK, STEPHEN T D

Address: 1585 BROADWAY

City-St-Zip: NEW YORK, NY 10036 US

Title: 7

Name: RIOS, ANITA T Address: 1585 BROADWAY

City-St-Zip: NEW YORK, NY 10036 US

Title: DS

Name: FITZPATRICK, DANIEL J DS

Address: 1585 BROADWAY

City-St-Zip: NEW YORK, NY 10036 US

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE DONATO POA 05/04/2011