

# 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