


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # F03000001336 1. Entity Name CIT INSURANCE CORP.	
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Principal Place of Business 1 CIT DR. LIVINGSTON, NJ 07039	Mailing Address 1 CIT DRIVE SUITE 1320-1 LIVINGSTON, NJ 07039
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FILED
07 MAY 23 PM 1:46
ALABAMA STATE
ALABAMA, FLORIDA



05042007 No Chg-P CR2E034 (11/05)

4. FEI Number 58-2657065	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS <u>SEE ATTACHED</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP ALMOND, KAREN 5035 SOUTH SERVICE ROAD BURLINGTON, ON L7R4C8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGATO, ROBERT J 1 CIT DR. LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SALISBURY, STEVEN J 1 CIT DR. LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANDELBAUM, ERIC S 1 CIT DR. LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VOTEK, GLEN A 1 CIT DR. LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETRYLAK, PAUL 505 5TH AVE 12TH FLOOR NEW YORK, NY 10017

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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: *Linda M. Seufert* LINDA M SEUFERT 5/4/2007 973-700-5796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CIT INSURANCE AGENCY, INC.
Doing business in Florida as: CIT INSURANCE CORP.
F.E.I.N. 58-2657065

FL #: F03000001336

Officers & Directors

BOARD OF DIRECTORS

<u>Name</u>	<u>Address</u>
Paul G. Petrylak	1 CIT Drive, Livingston, NJ 07039
Karen Almond	5035 South Service Road Burlington, Ontario L7R 4C8, Canada
Robert J. Ingato	1 CIT Drive, Livingston, NJ 07039
Steven J. Salisbury	1 CIT Drive, Livingston, NJ 07039

OFFICERS

<u>Name</u>	<u>Title</u>	<u>Address</u>
Paul G. Petrylak	President	1 CIT Drive, Livingston, NJ 07039
Karen Almond	Sr. Vice President	5035 South Service Road Burlington, Ontario L7R 4C8, Canada
Steven J. Salisbury	Vice President	1 CIT Drive, Livingston, NJ 07039
Charles J. Day	Asst. Vice President	1 CIT Drive, Livingston, NJ 07039
Glenn A. Votek	Treasurer	1 CIT Drive, Livingston, NJ 07039
Eric S. Mandelbaum	Secretary	1 CIT Drive, Livingston, NJ 07039
Linda M. Seufert	Assistant Secretary	1 CIT Drive, Livingston, NJ 07039