2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2012
Secretary of State

DOCUMENT# F03000001336

Entity Name: CIT INSURANCE CORP.

Current Principal Place of Business:

1 CIT DRIVE
LIVINGSTON, NJ 07039

New Principal Place of Business:

Current Mailing Address:

1 CIT DRIVE
#2108-A
LIVINGSTON, NJ 07039

New Mailing Address:

FEI Number: 58-2657065 **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

OFFICERS AND DIRECTORS:

Title: D/VP
Name: ALMOND, KAREN
Address: 5035 SOUTH SERVICE ROAD
City-St-Zip: BURLINGTON, ON L7R4C8

Title: DI/S
Name: PAUL, CHRISTOPHER H
Address: 1 CIT DRIVE
City-St-Zip: LIVINGSTON, NJ 07039

Title: D/VP
Name: SALISBURY, STEVEN J
Address: 1 CIT DRIVE
City-St-Zip: LIVINGSTON, NJ 07039

Title: DIR
Name: NASSANEY, KATHLEEN A
Address: 1 CIT DRIVE
City-St-Zip: LIVINGSTON, NJ 07039

Title: TRES
Name: VOTEK, GLENN A
Address: 1 CIT DRIVE
City-St-Zip: LIVINGSTON, NJ 07039

Title: PR/D
Name: PETRYLAK, PAUL
Address: 11 WEST 42ND STREET
City-St-Zip: NEW YORK, NY 10036

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: CHRISTOPHER H. PAUL DI/S 05/01/2012

Electronic Signature of Signing Officer or Director — Date