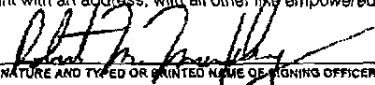


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000001338			
1. Entity Name DISCOVER FINANCIAL SERVICES INSURANCE AGENCY, INC.			
Principal Place of Business 2500 LAKE COOK ROAD RIVERWOODS, IL 60015	Mailing Address 2500 LAKE COOK ROAD RIVERWOODS, IL 60015		
DO NOT WRITE IN THIS SPACE			
		04102006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 75-3077351	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$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		DO NOT WRITE IN THIS SPACE	
6. 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000530168 05/05/06-80106-014 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOLBOF, EDWARD 2500 LAKE COOK RD RIVERWOODS, IL 60015		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS SLUSARZ, MARTIN W 2500 LAKE COOK RD RIVERWOODS, IL 60015		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAMANTIA, VICTOR A 2500 LAKE COOK RD RIVERWOODS, IL 60015		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREENE, D. CHRISTOPHER 2500 LAKE COOK RD RIVERWOODS, IL 60015		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, JANET 2500 LAKE COOK RD RIVERWOODS, IL 60015		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORLEY, KATHRYN M 2500 LAKE COOK RD RIVERWOODS, IL 60015		
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: 		Robert M. Murphy	4/12/06 224-405-1179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Office	Daytime Phone #