2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000001338

1. Entity Name

DISCOVER FINANCIAL SERVICES INSURANCE AGENCY, INC.



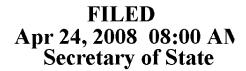
Principal Place of Business

Mailing Address

500 LAKE COOK ROAD RIVERWOODS, IL 60015

SIGNATURE:

2500 LAKE COOK ROAD RIVERWOODS, IL 60015





04102008

No Chg-P

CR2E034 (11/05)

4. FEI Number 75-3077351

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE				
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Final Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			6.24.31 (6.4.1)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOLBOF, EDWARD 2500 LAKE COOK RD RIVERWOODS, IL 60015			U00000319035 05713708-80104-024 150.00
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 GIFFNEY, KARIN 2500 LAKE COOK RD RIVERWOODS, IL 60015		DO	NOTWRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREENE, D. CHRISTOPHER 2500 LAKE COOK RD RIVERWOODS, IL 60015		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, JANET 2500 LAKE COOK RD RIVERWOODS, IL 60015			
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 filling 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 path; 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.				

F SIGNING OFFICER OR DIRECTOR