

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004296

FILED
Mar 27, 2009
Secretary of State

Entity Name: PRAETORIAN INSURANCE COMPANY

Current Principal Place of Business:

88 PINE STREET
16TH FLOOR
NEW YORK, NY 10005

New Principal Place of Business:

88 PINE STREET
4TH FLOOR
NEW YORK, NY 10005

Current Mailing Address:

88 PINE STREET
16TH FLOOR
NEW YORK, NY 10005

New Mailing Address:

88 PINE STREET
4TH FLOOR
NEW YORK, NY 10005

FEI Number: 36-3030511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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: RIVERA, SUSAN
Address: 88 PINE STREET, 16TH FLOOR
City-St-Zip: NEW YORK, NY 10005

Title: D () Delete
Name: FITZPATRICK, STEPHEN
Address: 500 PARK BLVD., SUITE 1350
City-St-Zip: ITASCA, IL 60143

Title: S () Delete
Name: MALONEY, PETER
Address: 88 PINE STREET, 16TH FLOOR
City-St-Zip: NEW YORK, NY 10005

Title: TD () Delete
Name: FISH, CHRISTOPHER
Address: 88 PINE STREET, 16TH FLOOR
City-St-Zip: NEW YORK, NY 10005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RIVERA, SUSAN
Address: 88 PINE STREET
City-St-Zip: NEW YORK, NY 10005

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MALONEY, PETER
Address: 88 PINE STREET
City-St-Zip: NEW YORK, NY 10005

Title: TD (X) Change () Addition
Name: FISH, CHRISTOPHER
Address: 88 PINE STREET
City-St-Zip: NEW YORK, NY 10005

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: PETER MALONEY

S

03/27/2009

Electronic Signature of Signing Officer or Director

Date