

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 14, 2009  
Secretary of State**

DOCUMENT# F06000004296

Entity Name: PRAETORIAN INSURANCE COMPANY

**Current Principal Place of Business:**

88 PINE STREET  
4TH FLOOR  
NEW YORK, NY 10005

**New Principal Place of Business:**

**Current Mailing Address:**

88 PINE STREET  
4TH FLOOR  
NEW YORK, NY 10005

**New Mailing Address:**

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

**OFFICERS AND DIRECTORS:**

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T (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

07/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date