

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004296

FILED
Apr 18, 2011
Secretary of State

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: P,D
Name: BYLER, ROBERT
Address: 88 PINE STREET
City-St-Zip: NEW YORK, NY 10005

Title: T
Name: FRANZINO, ROBERT
Address: 88 PINE STREET
City-St-Zip: NEW YORK, NY 10005

Title: S
Name: MALONEY, PETER
Address: 88 PINE STREET
City-St-Zip: NEW YORK, NY 10005

Title: D
Name: RUMPLER, JOHN
Address: 88 PINE STREET
City-St-Zip: NEW YORK, NY 10005

Title: AS
Name: BURTNETT, JODIE
Address: ONE GENERAL DRIVE
City-St-Zip: SUN PRAIRIE, WI 53596

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: JODIE BURTNETT

AS

04/18/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date