

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005056

FILED  
Apr 15, 2008  
Secretary of State

Entity Name: CATLIN INSURANCE COMPANY, INC.

## Current Principal Place of Business:

1330 POST OAK BLVD., SUITE 2325  
HOUSTON, TX 77056

## New Principal Place of Business:

## Current Mailing Address:

3340 PEACHTREE RD, NE  
SUITE 2950  
ATLANTA, GA 30326

## New Mailing Address:

FEI Number: 20-4929941      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: BANAS, RICHARD S  
Address: 3340 PEACHTREE NE  
City-St-Zip: ATLANTA, GA 30326

Title: D ( ) Delete  
Name: BRAND, PAUL D  
Address: 6TH FLOOR, 3 MINTER CT., MINCING LANE  
City-St-Zip: LONDON, UK EC3 7DD,

Title: VD ( ) Delete  
Name: BRAZAUSKAS, VINCENT A  
Address: 3340 PEACHTREE NE, SUITE 2950  
City-St-Zip: ATLANTA, GA 30326

Title: D ( ) Delete  
Name: CATLIN, STEPHEN JOHN O  
Address: 1 VICTORIA ST.  
City-St-Zip: HAMILTON, BERMUDA HM 11,

Title: SD ( ) Delete  
Name: ADAMS, STEVEN C  
Address: 3340 PEACHTREE NE, SUITE 2950  
City-St-Zip: ATLANTA, GA 30326

Title: TD ( ) Delete  
Name: PRESPERIN, PETER W  
Address: 3340 PEACHTREE NE, SUITE 2950  
City-St-Zip: ATLANTA, GA 30326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: STEVEN C. ADAMS

SD

04/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date