2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State
01-18-2006 90023 021 ***150.00

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1. Entity Name
GREEN TREE INSURANCE AGENCY, INC.

60003130

Principal Place of Business	Mailing Address
1100 LANDMARK TOWERS 345 ST PETER STREET ST. PAUL, MN 55102-1658 US	300 LANDMARK TOWERS 345 ST PETER STREET ST. PAUL, MN 55102-1658 US

01052006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 41-1254595 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVP	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	DONIGER, WILLIAM B		NAME		
STREET ADDRESS	1251 AVENUE OF THE AMERICAS, 16TH FLOOR		STREET ADDRESS	1345 Avenue of the Americas, 46th Floor	
CITY-ST-ZIP	NEW YORK, NY 10020		CITY-ST-ZIP	New York, NY 10105	
TITLE	SVPT	☐ Delete	TITLE	President	☒ Change ☐ Addition
NAME	ANDERSON, KEITH A		NAME		
STREET ADDRESS	1100 LANDMARK TOWER 345 ST PETER ST		STREET ADDRESS		
CITY-ST-ZIP	SAINT PAUL, MN 55102		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	V.P. + T	☒ Change ☐ Addition
NAME	BURGESS, WADE		NAME		
STREET ADDRESS	1100 LANDMARK TOWERS, 345 ST. PETER STREET		STREET ADDRESS		
CITY-ST-ZIP	SAINT PAUL, MN 55102		CITY-ST-ZIP		
TITLE	P	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	HUGUELET, JOSEPH E I		NAME		
STREET ADDRESS	1100 LANDMARK TOWERS, 345 ST. PETER STREET		STREET ADDRESS		
CITY-ST-ZIP	SAINT PAUL, MN 55102		CITY-ST-ZIP		
TITLE	SVSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COREY, BRIAN F S		NAME		
STREET ADDRESS	1100 LANDMARK TOWERS, 345 ST. PETER ST		STREET ADDRESS		
CITY-ST-ZIP	SAINT PAUL, MN 55102		CITY-ST-ZIP		
TITLE	AS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LAMB-LINDOW, WANDA J		NAME		
STREET ADDRESS	300 LANDMARK TOWERS/345 ST PETER ST		STREET ADDRESS		
CITY-ST-ZIP	ST PAUL, MN 55102		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wanda J. Lamb-Lindow **Wanda J. Lamb-Lindow** **Assistant Secretary** 1/9/06 651-293-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #