


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90029 015 ***150.00

DOCUMENT # F93000004186
 1. Entity Name
 GREEN TREE INSURANCE AGENCY, INC.



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

2. Principal Place of Business - No P.O. Box #: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

01162008 Chg-P CR2E034 (12/06)



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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE: DVP <input checked="" type="checkbox"/> Delete	NAME: SMITH, PETER M STREET ADDRESS: 1345 AVE OF THE AMERICAS 46TH FLOOR CITY-ST-ZIP: NEW YORK, NY 10116
TITLE: P <input type="checkbox"/> Delete	NAME: ANDERSON, KEITH A STREET ADDRESS: 1100 LANDMARK TOWER 345 ST PETER ST CITY-ST-ZIP: SAINT PAUL, MN 55102
TITLE: VPT <input type="checkbox"/> Delete	NAME: BURGESS, WADE STREET ADDRESS: 1100 LANDMARK TOWERS, 345 ST. PETER STREET CITY-ST-ZIP: SAINT PAUL, MN 55102
TITLE: SVSD <input type="checkbox"/> Delete	NAME: COREY, BRIAN F S STREET ADDRESS: 1100 LANDMARK TOWERS, 345 ST. PETER ST CITY-ST-ZIP: SAINT PAUL, MN 55102
TITLE: AS <input type="checkbox"/> Delete	NAME: LAMB-LINDOW, WANDA J STREET ADDRESS: 300 LANDMARK TOWERS/345 ST PETER ST CITY-ST-ZIP: ST PAUL, MN 55102
TITLE: VP <input type="checkbox"/> Delete	NAME: FLINN, DANIEL J JR STREET ADDRESS: 1400 TURBINE DR CITY-ST-ZIP: RAPID CITY, SD 57703

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: D e P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Daniel J. Flinn Jr. STREET ADDRESS: _____ 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 1/16/08 1051-293-5532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Wanda J. Lamb-Lindow, Asst. Secretary