

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004186

FILED
Jan 09, 2009
Secretary of State

Entity Name: GREEN TREE INSURANCE AGENCY, INC.

Current Principal Place of Business:

1100 LANDMARK TOWERS
345 ST PETER STREET
ST. PAUL, MN 551021658 US

New Principal Place of Business:

Current Mailing Address:

300 LANDMARK TOWERS
345 ST PETER STREET
ST. PAUL, MN 551021658 US

New Mailing Address:

FEI Number: 41-1254595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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: DP () Delete
Name: ANDERSON, KEITH A
Address: 1100 LANDMARK TOWER 345 ST PETER ST
City-St-Zip: SAINT PAUL, MN 55102

Title: VPT () Delete
Name: BURGESS, WADE
Address: 1100 LANDMARK TOWERS, 345 ST. PETER STREET
City-St-Zip: SAINT PAUL, MN 55102

Title: SVSD () Delete
Name: COREY, BRIAN F S
Address: 1100 LANDMARK TOWERS, 345 ST. PETER ST
City-St-Zip: SAINT PAUL, MN 55102

Title: AS () Delete
Name: LAMB-LINDOW, WANDA J
Address: 300 LANDMARK TOWERS/345 ST PETER ST
City-St-Zip: ST PAUL, MN 55102

Title: VP () Delete
Name: FINN, DANIEL J JR
Address: 1400 TURBINE DR
City-St-Zip: RAPID CITY, SD 57703

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SVSD (X) Change () Addition
Name: COREY, BRIAN F
Address: 1100 LANDMARK TOWERS, 345 ST. PETER ST
City-St-Zip: SAINT PAUL, MN 55102

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

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

Title: AVP () Change (X) Addition
Name: GLAD, CYNTHIA J
Address: 1700 LANDMARK TWRS, 345 ST. PETER ST
City-St-Zip: ST. PAUL, MN 55102

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: WANDA J. LAMB-LINDOW

AS

01/09/2009

Electronic Signature of Signing Officer or Director

_____ Date