2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# F96000000287

Entity Name: DEUTSCHE BANK INSURANCE AGENCY INCORPORATED

Current Principal Place of Business:

1 SOUTH STREET
21ST FLOOR
BALTIMORE, MD 21202 US

New Principal Place of Business:

Current Mailing Address:

SONJA OLSEN C/O DEUTSCHE BANK
60 WALL STREET, NYC60-4006
NEW YORK, NY 10005 US

New Mailing Address:

FEI Number: 52-1446575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT 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: P ( ) Delete
Name: DOYLE, ANN B
Address: 1 SOUTH ST - BALO1-2408
City-St-Zip: BALTIMORE, MD 21202 US

Title: V ( ) Delete
Name: NALL, TERRY
Address: 3414 PEACHTREE ROAD NE
City-St-Zip: ATLANTA, GA 30326 US

Title: V (X) Delete
Name: MADLINGER, MATTHEW
Address: 280 PARK AVENUE
City-St-Zip: NEW YORK, NY 10017 US

Title: S (X) Delete
Name: OLSEN, SONJA
Address: 60 WALL STREET
City-St-Zip: NEW YORK, NY 10005 US

Title: T (X) Delete
Name: DEROSA, JOHN
Address: 60 WALL STREET
City-St-Zip: NEW YORK, NY 10005 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: TERRY,
Address: 3414 PEACHTREE ROAD NE
City-St-Zip: ATLANTA, GA 30326 US

Title: S (X) Change ( ) Addition
Name: SONJA,
Address: 60 WALL STREET
City-St-Zip: NEW YORK, NY 10005 US

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: SONJA K OLSEN S 03/10/2009

Electronic Signature of Signing Officer or Director Date