

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001525

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: CONNING ASSET MANAGEMENT COMPANY

## Current Principal Place of Business:

ONE FINANCIAL PLAZA  
HARTFORD, CT 061032627

## New Principal Place of Business:

## Current Mailing Address:

ONE FINANCIAL PLAZA  
HARTFORD, CT 061032627

## New Mailing Address:

FEI Number: 43-1267103

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 DR., STE. 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: CBOD ( ) Delete  
Name: MEULI, BENJAMIN  
Address: 50/60 MYTHENQUAI  
City-St-Zip: ZURICH, SWITZERLAND, SW 8022

Title: SECR ( ) Delete  
Name: BOURQUE, WILLIAM M  
Address: ONE FINANCIAL PLAZA  
City-St-Zip: HARTFORD, CT 061032627

Title: TREA ( ) Delete  
Name: FORELLA, THOMAS  
Address: ONE FINANCIAL PLAZA  
City-St-Zip: HARTFORD, CT 061032627

Title: DIR ( ) Delete  
Name: HEISER, GLENN R  
Address: ONE FINANCIAL PLAZA  
City-St-Zip: HARTFORD, CT 061032627

Title: PCEO ( ) Delete  
Name: CORRENTI, SALVATORE  
Address: ONE FINANCIAL PLAZA  
City-St-Zip: HARTFORD, CT 061032627

Title: COO ( ) Delete  
Name: HEISER, GLENN R  
Address: ONE FINANCIAL PLAZA  
City-St-Zip: HARTFORD, CT 061032627

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CBOD (X) Change ( ) Addition  
Name: BLUMER, DAVID  
Address: 50/60 MYTHENQUAI  
City-St-Zip: ZURICH, SWITZERLAND, SW 8022

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: WILLIAM M. BOURQUE

SECR

01/15/2009

Electronic Signature of Signing Officer or Director

Date