2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# F98000006194

Entity Name: TECHNOLOGY INSURANCE COMPANY, INC

Current Principal Place of Business:

59 MAIDEN LANE
6TH FLOOR
NEW YORK, NY 10038 US

New Principal Place of Business:

Current Mailing Address:

59 MAIDEN LANE
6TH FLOOR
NEW YORK, NY 10038 US

New Mailing Address:

FEI Number: 02-0449082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: D ( ) Delete
Name: MILLER, JAY J
Address: 430 EAST 57TH STREET
City-St-Zip: NEW YORK, NY

Title: T ( ) Delete
Name: SCHLACHTER, HARRY
Address: 1427 EAST 17TH STREET
City-St-Zip: BROOKLYN, NY 11230

Title: PD ( ) Delete
Name: ZYSKIND, BARRY D
Address: 5423 17TH AVENUE
City-St-Zip: BROOKLYN, NY 11204

Title: S ( ) Delete
Name: UNGAR, STEPHEN
Address: 130 WEST 79TH STREET, APT MD
City-St-Zip: NEW YORK, NY 10024

Title: D ( ) Delete
Name: KARFUNKEL, MICHAEL
Address: 5417 17TH AVE
City-St-Zip: BROOKLYN, NY 11204

Title: D ( ) Delete
Name: KARFUNKEL, GEORGE
Address: 1671 52ND STREET
City-St-Zip: BROOKLYN, NY 11204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: STEPHEN UNGAR S 01/15/2009

Electronic Signature of Signing Officer or Director Date