2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2012
Secretary of State

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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 ( )**

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

OFFICERS AND DIRECTORS:

Title: D
Name: MILLER, JAY
Address: 430 EAST 57TH STREET, STE 5D
City-St-Zip: NEW YORK, NY 10022

Title: T
Name: SCHLACHTER, HARRY
Address: 59 MAIDEN LANE 6TH FLOOR
City-St-Zip: NEW YORK, NY 10038

Title: PD
Name: ZYSKIND, BARRY D
Address: 59 MAIDEN LANE 6TH FLOOR
City-St-Zip: NEW YORK, NY 10038

Title: S
Name: UNGAR, STEPHEN
Address: 59 MAIDEN LANE 6TH FLOOR
City-St-Zip: NEW YORK, NY 10024

Title: D
Name: DECARLO, DAVID
Address: 59 MAIDEN LANE 6TH FLOOR
City-St-Zip: NEW YORK, NY 10038

Title: AVP
Name: MOSES, BARRY
Address: 5800 LOMBARDO CENTER, STE 200
City-St-Zip: CLEVELAND, OH 44131

I hereby 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 all other like empowered.

SIGNATURE: BARRY MOSES AVP 04/03/2012

Electronic Signature of Signing Officer or Director Date