


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # F99000000995	
1. Entity Name ENDURANCE AMERICAN INSURANCE COMPANY	

Principal Place of Business 767 THIRD AVENUE 5TH FLOOR NEW YORK, NY 10017	Mailing Address 767 THIRD AVENUE 5TH FLOOR NEW YORK, NY 10017
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0350908	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

DO NOT WRITE
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-instating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB LESTRANGE, KENNETH J 90 PITTS BAY ROAD PEMBROKE HM 08, BERMUDA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO FUJI, MICHAEL P 767 THIRD AVENUE, 5TH FLOOR NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGUIRE, MICHAEL J 90 PITTS BAY ROAD PEMBROKE HM 08, BERMUDA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV YING, MARK G 725 S FIGUEROA ST, SUITE 2100 LOS ANGELES, CA 90017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ZACHRY, JOHN B 725 S FIGUEROA ST, SUITE 2100 LOS ANGELES, CA 90017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCS NOGA, ANDREW L 767 THIRD AVENUE, 5TH FLOOR NEW YORK, NY 10017

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01/16/08-80021-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cheryl Lucia, Assistant Secretary 1/11/08 202-209-6526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #