## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000000995

Entity Name: ENDURANCE AMERICAN INSURANCE COMPANY

FILED Jan 06, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
767 THIRD AVENUE 5TH FLOOR NEW YORK, NY 10017						
Current Mailing Address:			New Mailir	New Mailing Address:		
767 THIRD AVENUE 5TH FLOOR NEW YORK, NY 10017						
FEI Number: 03-0350908 FEI Number Applied For ( ) FEI Num			FEI Number Not Appli	nber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US						
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:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	COB () D LESTRANGE, KEN 90 PITTS BAY RC PEMBROKE HM C	NNETH J	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PCEO () D FUJI, MICHAEL P 767 THIRD AVENU NEW YORK, NY	JE, 5TH FLOOR	Title: Name: Address: City-St-Zip:	FUJII, MICHAEL	NUE, 5TH FLOOR	
Title: Name: Address: City-St-Zip:	D () D MCGUIRE, MICHA 90 PITTS BAY RO PEMBROKE HM C	AEL J	Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DV () D YING, MARK G 725 S FIGUEROA LOS ANGELES, C	ST, SUITE 2100	Title: Name: Address: City-St-Zip:	YING, MARK G	Change()Addition A ST, SUITE 2100 CA 90017	
Title: Name: Address: City-St-Zip:	DV () D ZACHRY, JOHN B 725 S FIGUEROA LOS ANGELES, C	ST, SUITE 2100	Title: Name: Address: City-St-Zip:	ZACHRY, JOHN	A ST, SUITE 2100	
Title: Name: Address: City-St-Zip:	GCS () D NOGA, ANDREW 767 THIRD AVENU NEW YORK, NY	L JE, 5TH FLOOR	Title: Name: Address: City-St-Zip:	( )(	Change()Addition	
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: CHERYL FRISCIA AS 01/06/2009