2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P12593

Entity Name: DELOS INSURANCE COMPANY

Current Principal Place of Business:

120 WEST 45TH STREET 36TH FLOOR
NEW YORK, NY 10036

New Principal Place of Business:

Current Mailing Address:

120 WEST 45TH STREET 36TH FLOOR
NEW YORK, NY 10036

New Mailing Address:

FEI Number: 13-2930697 **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	AS	( ) Delete
Name:	MARLENE SANTOS, ROSARIO	
Address:	120 WEST 45TH STREET, 36TH FLOOR	
City-St-Zip:	NEW YORK, NY 10036	
Title:	P	( ) Delete
Name:	WILLIAM, F. DAVIS	
Address:	120 W. 45TH STREET, 36TH FLOOR	
City-St-Zip:	NEW YORK, NY 10036	
Title:	SVCU	( ) Delete
Name:	MEEK, GRACE	
Address:	120 W. 45TH STREET, 36TH FLOOR	
City-St-Zip:	NEW YORK, NY 10036	
Title:	VPT	( ) Delete
Name:	KORNOBIS, JOHN M	
Address:	120 W. 45TH STREET, 36TH FLOOR	
City-St-Zip:	NEW YORK, NY 10036	
Title:	SVS	( ) Delete
Name:	MCCULLY, BRYAN T	
Address:	120 WEST 45TH STREET, 36TH FLOOR	
City-St-Zip:	NEW YORK, NY 10036	

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:	

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: MARLENE SANTOS-ROSARIO AS 04/28/2008

Electronic Signature of Signing Officer or Director — Date