

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12593

FILED
Apr 22, 2009
Secretary of State

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 (X) 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: CEO (X) Change () Addition
Name: WILLIAM, DAVIS
Address: 120 W. 45TH STREET, 36TH FLOOR
City-St-Zip: NEW YORK, NY 10036

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVS (X) Change () Addition
Name: MCCULLY, BRYAN
Address: 120 W. 45TH STREET, 36TH FLOOR
City-St-Zip: NEW YORK, NY 10036

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

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date