

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90034 008 ***150.00

DOCUMENT # P26699							
1. Entity Name REDLAND INSURANCE COMPANY							
Principal Place of Business 224 W STATE ST TRENTON, NJ 08608		Mailing Address 7 TIMES SQUARE 36 AND 37 FLOORS NEW YORK, NY 10036 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 42-1113749	Applied For Not Applicable		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			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.			DATE	
SIGNATURE _____			SIGNATURE _____				
SIGNATURE, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	STEINER, DETLEF		NAME				
STREET ADDRESS	7 TIMES SQUARE		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10036		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LARSSON, ANDERS		NAME				
STREET ADDRESS	7 TIMES SQUARE		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10036		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KETELS, GERHARD		NAME				
STREET ADDRESS	7 TIMES SQUARE		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10036		CITY-ST-ZIP				
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SBASCHNIG, MARY		NAME				
STREET ADDRESS	7 TIMES SQUARE		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10036		CITY-ST-ZIP				
TITLE	PCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	NAJJAR, STEVEN		NAME				
STREET ADDRESS	7 TIMES SQUARE		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10036		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____			1/11/05		212-790-9700		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		

50003936



01122005 Chg-P CR2E034 (10/03)

\$8.75 Additional
Fee Required