2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE: Gerhard SIGNATURE AND T

May 23, 2006 8:00 am Secretary of State DOCUMENT # P26699 05-23-2006 90010 042 ***150.00 1. Entity Name REDLAND INSURANCE COMPANY Principal Place of Business Mailing Address 40094009 7 TIMES SQUARE 224 W STATE ST 36 AND 37 FLOORS TRENTON, NJ 08608 NEW YORK, NY 10036 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05122006 CR2E034 (11/05) Chg-P 4. FEI Number Applied For City & State City & State 42-1113749 Not Applicable Ziα Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. corporation did not receive the prior notice. Due by September 6, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. OT Change TD Addition TITLE Delete TITE F Timothy Bienek LARSSON, ANDERS NAME NAME 7 TIMES SQUARE STREET ADDRESS 7 Times Square STREET ADDRESS New YORK, NY 10036 CITY-ST-ZIP NEW YORK, NY 10036 CITY-ST-ZIP e PCD Addition ☐ Change SD Delete TITLE TITLE Rodman fox KETELS, GERHARD NAME NAME 4 Times Square New York, NY 10036 STREET ADDRESS **7 TIMES SQUARE** STREET ADDRESS CITY+ST+ZIP CITY-ST-71P NEW YORK, NY 10036 Delete TITI F Change ☐ Addition TITLE NAME NAJJAR, STEVEN NAME STREET ADDRESS STREET ADDRESS 7 TIMES SQUARE CITY-ST-ZIP NEW YORK, NY 10036 CITY-ST-ZIP Change ☐ Addition Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 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

FILED

ATTACHMENT

clarendon[®]

Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

May 17, 2006

Re: Redland Insurance Company Annual Report

Dear Sir / Ma'am:

Enclosed you will find the annual report for Redland Insurance Company.

Please do not hesitate to contact me if you require any additional information.

Sincerely,

Jason Anderson

Legal Administration Manager