2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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P26699

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SECRETARY OF STATE

1st MOORE CR2E034 (10/06)

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 - No P.O. Box #: 7 Times Square
Suite, Apt. #, etc.: 37th floor
City & State: New York, NY
Zip: 10036 Country: USA

3. Mailing Address
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 42-1113749 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE FL 32399-0000

7. Name and Address of New Registered Agent
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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TD	BIANEK, TIMOTHY	7 TIMES SQUARE	NEW YORK NY 10036	☑
SD	KETELS, GERHARD	7 TIMES SQUARE	NEW YORK NY 10036	☐
PCD	FOX, RODMAN	7 TIMES SQUARE	NEW YORK NY 10036	☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
T	Richard Jeffreys	7 Times Square	New York, NY 10036	☑	☐
				☐	☐
PD	Susan Rivera	7 Times Square	New York, NY 10036	☑	☐
				☐	☐
				☐	☐
				☐	☐

$33/8

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Gerhard Ketels 212-805-9700 2/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #