

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26699

FILED
Mar 30, 2009
Secretary of State

Entity Name: REDLAND INSURANCE COMPANY

Current Principal Place of Business:

88 PINE ST
16 FLOOR
NEW YORK, NY 10005

New Principal Place of Business:

88 PINE ST
4TH FLOOR
NEW YORK, NY 10005 US

Current Mailing Address:

88 PINE ST
16 FLOOR
NEW YORK, NY 10005 US

New Mailing Address:

88 PINE ST
4TH FLOOR
NEW YORK, NY 10005 US

FEI Number: 42-1113749

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: TD () Delete
Name: FISH, CHRISTOPHER
Address: 88 PINE STREET 16TH FL
City-St-Zip: NEW YORK, NY 10005

Title: S () Delete
Name: MALONEY, PETER
Address: 88 PINE ST 16TH FL
City-St-Zip: NEW YORK, NY 10005

Title: PD () Delete
Name: RIVERA, SUSAN
Address: 88 PINE ST 16TH FL
City-St-Zip: NEW YORK, NY 10005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: CHRISTOPHER,
Address: 88 PINE ST
City-St-Zip: NEW YORK, NY 10005 US

Title: S (X) Change () Addition
Name: PETER,
Address: 88 PINE ST
City-St-Zip: NEW YORK, NY 10005 US

Title: P (X) Change () Addition
Name: SUSAN,
Address: 88 PINE ST
City-St-Zip: NEW YORK, NY 10005 US

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: PETER MALONEY

S

03/30/2009

Electronic Signature of Signing Officer or Director

Date