

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P26699

FILED  
Jul 14, 2009  
Secretary of State

Entity Name: REDLAND INSURANCE COMPANY

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

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

## OFFICERS AND DIRECTORS:

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change ( ) Addition  
Name: RIVERA, 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

07/14/2009

Electronic Signature of Signing Officer or Director

Date