

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26819

FILED
May 06, 2010
Secretary of State

Entity Name: MAPFRE INSURANCE COMPANY

Current Principal Place of Business:

100 CAMPUS DRIVE
FLORHAM PARK, NJ 07932 US

New Principal Place of Business:

Current Mailing Address:

100 CAMPUS DRIVE
PO BOX 695
FLORHAM PARK, NJ 07932 US

New Mailing Address:

FEI Number: 36-3347420 **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: D
Name: WALLIS, JEREMY R
Address: 5 RUNYON DRIVE
City-St-Zip: BASKING RIDGE, NJ 07920

Title: D
Name: TAMAYO, JAIME
Address: 211 MAIN STREET
City-St-Zip: WEBSTER, MA 01570

Title: D
Name: FELS, GERALD
Address: 211 MAIN STREET
City-St-Zip: WEBSTER, MA 01570

Title: CEO
Name: TAMAYO, JAIME
Address: 211 MAIN STREET
City-St-Zip: WEBSTER, MA 01570

Title: T
Name: MCKENNA, ROBERT E
Address: 211 MAIN STREET
City-St-Zip: WEBSTER, MA 01570

Title: S
Name: OLOHAN, DANIEL P
Address: 211 MAIN STREET
City-St-Zip: WEBSTER, MA 01570

I hereby 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 all other like empowered.

SIGNATURE: DANIEL P. OLOHAN

S

05/06/2010

Electronic Signature of Signing Officer or Director

Date