

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000001336

**Entity Name:** CIT INSURANCE CORP.**Current Principal Place of Business:**1 CIT DRIVE  
LIVINGSTON, NJ 07039**Current Mailing Address:**1 CIT DRIVE  
#2108-A  
LIVINGSTON, NJ 07039**FEI Number:** 58-2657065**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

|                 |                     |
|-----------------|---------------------|
| Title           | SECRETARY/DIRECTOR  |
| Name            | PAUL, CHRISTOPHER H |
| Address         | 1 CIT DRIVE         |
| City-State-Zip: | LIVINGSTON NJ 07039 |

|                 |                     |
|-----------------|---------------------|
| Title           | DIRECTOR            |
| Name            | SALISBURY, STEVEN J |
| Address         | 1 CIT DRIVE         |
| City-State-Zip: | LIVINGSTON NJ 07039 |

|                 |                      |
|-----------------|----------------------|
| Title           | DIRECTOR             |
| Name            | NASSANEY, KATHLEEN A |
| Address         | 1 CIT DRIVE          |
| City-State-Zip: | LIVINGSTON NJ 07039  |

|                 |                     |
|-----------------|---------------------|
| Title           | TRES-CONTR          |
| Name            | CARLSON, MARK A     |
| Address         | 1 CIT DRIVE         |
| City-State-Zip: | LIVINGSTON NJ 07039 |

|                 |                     |
|-----------------|---------------------|
| Title           | PRESIDENT/TREASURER |
| Name            | BRAUSE, KENNETH A   |
| Address         | 11 WEST 42ND STREET |
| City-State-Zip: | NEW YORK NY 10036   |

|                 |                     |
|-----------------|---------------------|
| Title           | ASST. SECRETARY     |
| Name            | SEUFERT, LINDA M.   |
| Address         | 1 CIT DRIVE         |
| City-State-Zip: | LIVINGSTON NJ 07039 |

*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:** SEUFERT, LINDA**ASST. SECRETARY****04/29/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date