



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2009

1. Corporate ID No. 000130588

2. Name of Corporation CIT Insurance Agency, Inc.

3. Street Address Principal Business Office:

No. and Street: 1 CIT DRIVE
City or Town: LIVINGSTON State: NJ Zip: 07039 Country: USA

4. Business Phone No.

973-740-5000

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

TO ENGAGE IN THE SALE AND SERVICE OF INSURANCE PRODUCTS

7. Names and Addresses of the Officers and Directors:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	PAUL F PETRYLAK	11 WEST 42ND STREET NEW YORK, NY 10036 USA
TREASURER	GLENN A VOTEK	1 CIT DRIVE LIVINGSTON, NJ 07039 USA
SECRETARY	ERIC S MANDELBAUM	1 CIT DRIVE LIVINGSTON, NJ 07039 USA
ASSISTANT SECRETARY	LINDA M SEUFERT	1 CIT DRIVE LIVINGSTON, NJ 07039 USA
VICE PRESIDENT	KATHLEEN A NASSANEY	1 CIT DRIVE LIVINGSTON, NJ 07039 USA
DIRECTOR	KAREN ALMOND	5035 SOUTH SERVICE ROAD BURLINGTON, ON L7R 4C8 CAN
DIRECTOR	ROBERT J INGATO	1 CIT DRIVE LIVINGSTON, NJ 07039 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.01	200.00	100

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 21 Day of January, 2009 at 10:51:42 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By LINDA M. SEUFERT
Signature of Authorized Representative of the Corporation

ASST. SECRETARY
Title

Form No. 630
Revised 09/07

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