



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

01-30-2006 90040 008 ***150.00

DOCUMENT # 841159					
1. Entity Name MUTUAL SERVICE CASUALTY INSURANCE COMPANY					
Principal Place of Business TWO PINE TREE DRIVE ARDEN HILL, MN 55164-0035 US			Mailing Address 1701 TOWANDA AVE. BLOOMINGTON, IL 61701 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 41-0121640	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE, FL 32304				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAFFER, JOHN B TWO PINETREE DRIVE ARDEN HILLS, MN 55123783 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HARMON, PAUL M 1701 N TOWANDA AVENUE BLOOMINGTON, IL 617012090 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOVACH, JR, GASPHER TWO PINE TREE DRIVE ARDEN HILLS, MN 55123793 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HANFLAND, WILLIAM J 1701 N TOWANDA AVENUE BLOOMINGTON, IL 617012090 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T Bock, Kurt 1701 Towanda Avenue Bloomington, IL 61701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAURER, BARBARA A 1701 N TOWANDA AVENUE BLOOMINGTON, IL 617012090 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC KOPFF, MATTHEW J 1701 N TOWANDA AVENUE BLOOMINGTON, IL 617012090 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Blackburn, John D. 1701 Towanda Avenue Bloomington, IL 61701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.					
SIGNATURE: 		Peter J Borowski		309-821-3596	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		VP & Corp Controller		Daytime Phone #	



ATTACHMENT

66003075

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2006

MUTUAL SERVICE CASUALTY INSURANCE COMPANY
1701 TOWANDA AVE.
BLOOMINGTON, IL 61701 US

Subject: **MUTUAL SERVICE CASUALTY INSURANCE COMPANY**

Reference Number:

841159

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

- ✓ The Division of Corporations cannot change the registered agent of record from or to the "Insurance Commissioner". All such changes must be made through the Department of Insurance. They will notify this Division if further changes are necessary. If you have any questions, please contact the Department of Insurance at (850) 413-4102.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CC

ANNUAL REPORTS SECTION