

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000002951

Entity Name: GALEN INSURANCE COMPANY

FILED
Jan 05, 2015
Secretary of State
CC8295548476

Current Principal Place of Business:

231 SOUTH BEMISTON
SUITE 1000
CLAYTON, MO 63105

Current Mailing Address:

231 SOUTH BEMISTON
SUITE 1000
CLAYTON, MO 63105

FEI Number: 86-1123749

Certificate of Status Desired: Yes

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 PD
Name SCHOEDINGER, GEORGE R III
Address 231 SOUTH BEMISTON #1000
City-State-Zip: CLAYTON MO 63105

Title SD
Name BENNETT, KENNETH J M.D.
Address 231 SOUTH BEMISTON #1000
City-State-Zip: CLAYTON MO 63105

Title DIRECTOR
Name DOERR, DALE M.D.
Address 231 SOUTH BEMISTON #1000
City-State-Zip: CLAYTON MO 63105

Title TCFO
Name LOWRY, DENNIS
Address 231 SOUTH BEMISTON #1000
City-State-Zip: CLAYTON MO 63105

Title DIRECTOR
Name KUMAR, ASHOK M.D.
Address 231 SOUTH BEMISTON #1000
City-State-Zip: CLAYTON MO 63105

Title DIRECTOR
Name DAMBACH, CHARLES M
Address 231 SOUTH BEMISTON
SUITE 1000
City-State-Zip: CLAYTON MO 63105

Title DIRECTOR
Name LINTKER, SERENA M
Address 231 SOUTH BEMISTON
SUITE 1000
City-State-Zip: CLAYTON MO 63105

Title DIRECTOR
Name WIDEMAN, STEVEN M
Address 231 SOUTH BEMISTON
SUITE 1000
City-State-Zip: CLAYTON MO 63105

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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: DENNIS W LOWRY

CFO

01/05/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCMULLIN, FORBES A M.D.
Address 231 SOUTH BEMISTON
 SUITE 1000
City-State-Zip: CLAYTON MO 63105