

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814548

FILED
Apr 19, 2007
Secretary of State

Entity Name: FLORISTS' MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

#1 HORTICULTURAL LANE
EDWARDSVILLE, IL 62025 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 428
EDWARDSVILLE, IL 62025 US

New Mailing Address:

FEI Number: 37-0277830 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: DC () Delete
Name: LEIDER, M J
Address: 511 CAMBRIDGE
City-St-Zip: LAKE BLUFF, IL 60044

Title: T () Delete
Name: HABERER, MONA B
Address: 6 GINGER RIDGE LANE
City-St-Zip: GLEN CARBON, IL 62034

Title: D () Delete
Name: BACHMAN, TODD L
Address: 26401 GALAXIE AVE
City-St-Zip: FARMINGTON, MN 55024

Title: V () Delete
Name: FORNOF, PETER H
Address: 2 NORTH SHORE DRIVE
City-St-Zip: EDWARDSVILLE, IL 62025

Title: PDP () Delete
Name: MCCLELLAN, ROBERT E JR.
Address: 7645 SHERRY CREEK ROAD
City-St-Zip: WORDEN, IL 62097

Title: SVP () Delete
Name: BATES, BRENT A
Address: 3446 VICKSBURG DRIVE
City-St-Zip: EDWARDSVILLE, IL 62025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MONA B. HABERER

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04/19/2007

Electronic Signature of Signing Officer or Director

_____ Date