

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814548

FILED  
Apr 15, 2009  
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: D ( ) Delete  
Name: LEIDER, M J  
Address: 511 CAMBRIDGE  
City-St-Zip: LAKE BLUFF, IL 60044

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

Title: CD (X) 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: T ( ) Delete  
Name: LEBKUECHER, JOAN E  
Address: 30 LANDS END COURT  
City-St-Zip: GLEN CARBON, IL 62034

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: V (X) Change ( ) Addition  
Name: FORNOF, PETER H  
Address: 111 CARRINGTON COURT  
City-St-Zip: EDWARDSVILLE, IL 62025

Title: ( ) Change ( ) Addition  
Name:  
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 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

T

04/15/2009

Electronic Signature of Signing Officer or Director

Date