

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814548

FILED  
Apr 17, 2012  
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

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** BOONMAN, CORNELIS A  
**Address:** 1029 ROBBINS COURT  
**City-St-Zip:** WHEATON, IL 60187

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

**Title:** V  
**Name:** FORNOF, PETER H  
**Address:** 111 CARRINGTON COURT  
**City-St-Zip:** EDWARDSVILLE, IL 62025

**Title:** T  
**Name:** LEBKUECHER, JOAN E  
**Address:** 30 LANDS END COURT  
**City-St-Zip:** GLEN CARBON, IL 62034

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

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:** JOAN E. LEBKUECHER

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04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date