2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90321 035 ***150.00

DOCUMENT # 822259

1. Entity Name
YOSEMITE INSURANCE COMPANY

Principal Place of Business	Mailing Address
601 N.W. SECOND ST EVANSVILLE, IN 47708	601 N.W. SECOND ST EVANSVILLE, IN 47708

DO NOT WRITE IN THIS SPACE

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
94-1590201
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDCE
NAME	GEISSINGER, FREDERICK W
STREET ADDRESS	601 NW 2ND STREET
CITY-ST-ZIP	EVANSVILLE, IN
TITLE	D
NAME	BOSZOR, JEFFREY M
STREET ADDRESS	601 NW 2ND SST
CITY-ST-ZIP	EVANSVILLE, IN 47708
TITLE	SVSG
NAME	HAYES, TIMOTHY M
STREET ADDRESS	601 NW 2ND ST.
CITY-ST-ZIP	EVANSVILLE, IN 47708
TITLE	VD
NAME	BLAKE, STEPHEN L
STREET ADDRESS	601 NW SECOND STREET
CITY-ST-ZIP	EVANSVILLE, IN 47708
TITLE	VD
NAME	HENDRIX, BENNIE D
STREET ADDRESS	601 N.W. 2ND ST.
CITY-ST-ZIP	EVANSVILLE, IN
TITLE	ATO
NAME	BLYTHE, TIMOTHY W
STREET ADDRESS	601 N.W. SECOND ST
CITY-ST-ZIP	EVANSVILLE, IN 47708

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE: Timothy W. Blythe Timothy W. Blythe 4/23/04 812-468-5705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Associate Tax Officer