

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90780 011 ***150.00

DOCUMENT # 855601

1. Entity Name

Platte River Insurance Company

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4610 University Avenue

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5900

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Madison, WI

City & State

Madison, WI

4. FEI Number

56-0997453

Applied For

Not Applicable

Zip

Country

53705

Zip

Country

53705-0900

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
COMMISSIONER OF INSURANCE

Street Address (P.O. Box Number is Not Acceptable)
200 EAST GAINES STREET

City
TALLAHASSEE

FL Zip Code
32399-0300

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00

Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | | | |
|--|---|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT/CEO DAVID F PAULY 4610 UNIVERSITY AVENUE MADISON, WI 53705 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP/COO JAMES J MCINTYRE 4610 UNIVERSITY AVENUE MADISON, WI 53705 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO/SECRETARY/TREASURER THOMAS K MANION 4610 UNIVERSITY AVENUE MADISON, WI 53705 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP JOHN J BURNS, JR 4610 UNIVERSITY AVENUE MADISON, WI 53705 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WESTON M HICKS 4610 UNIVERSITY AVENUE MADISON, WI 53705 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP STEPHAN J SILLS 4610 UNIVERSITY AVENUE MADISON, WI 53705 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

13. 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 11, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

(608) 231-4450

Daytime Phone #