


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90437 018 ***150.00

DOCUMENT # 855601			
1. Entity Name PLATTE RIVER INSURANCE COMPANY			
Principal Place of Business 4610 UNIVERSITY AVENUE MADISON, WI 53705 US		Mailing Address P.O BOX 5900 MADISON, WI 53705-0900 US	
2. Principal Place of Business 1600 Aspen Commons		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Middleton, WI		City & State	
Zip 53562-4719	Country Dane	Zip	Country
4. FEI Number 56-0997453		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMMISSIONER OF INSURANCE 200 EAST GAINES STREET TALLAHASSEE, FL 32399-0000		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO PAULY, DAVID F 4610 UNIVERSITY AVENUE MADISON, WI 53705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Pauly, David F. 1600 Aspen Commons Middleton, WI 53562-4719 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPC MCINTYRE, JAMES J 4610 UNIVERSITY AVENUE MADISON, WI 53705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCINTYRE, James J. 1600 Aspen Commons Middleton, WI 53562-4719 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT TARANSKY, FREDERICK M 4610 UNIVERSITY AVE MADISON, WI 53705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT Taransky, Frederick M. 1600 Aspen Commons Middleton, WI 53562-4719 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGC OGILVIE, ALAN S 4610 UNIVERSITY AVE MADISON, WI 53705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGC Ogilvie, Alan S. 1600 Aspen Commons Middleton, WI 53562-4719 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HICKS, WESTON M 4610 UNIVERSITY AVE MADISON, WI 53705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hicks, Weston M 1600 Aspen Commons Middleton, WI 53562-4719 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILLS, STEPHAN J 4610 UNIVERSITY AVE MADISON, WI 53705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Sills, Stephan J. 1600 Aspen Commons Middleton, WI 53562-4719 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____		(608) 829-4200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	