

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855601

FILED
Jul 08, 2008
Secretary of State

Entity Name: PLATTE RIVER INSURANCE COMPANY

Current Principal Place of Business:

1600 ASPEN COMMONS
MIDDLETON, WI 535624719 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 5900
MADISON, WI 537050900 US

New Mailing Address:

FEI Number: 56-0997453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHEIF FINANCIAL OFFICER
200 EAST GAINES STREET
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: PAULY, DAVID F
Address: 1600 ASPEN COMMONS
City-St-Zip: MIDDLETON, WI 535624719

Title: P () Delete
Name: MCINTYRE, JAMES J
Address: 1600 ASPEN COMMONS
City-St-Zip: MIDDLETON, WI 535625719

Title: CFOT () Delete
Name: TARANSKY, FREDERICK M
Address: 1600 ASPEN COMMONS
City-St-Zip: MIDDLETON, WI 535624719

Title: VPGC () Delete
Name: OGILIVE, ALAN S
Address: 1600 ASPEN COMMONS
City-St-Zip: MIDDLETON, WI 535624719

Title: VP () Delete
Name: HICKS, WESTON M
Address: 1600 ASPEN COMMONS
City-St-Zip: MIDDLETON, WI 535624719

Title: VP () Delete
Name: SILLS, STEPHAN J
Address: 1600 ASPEN COMMON
City-St-Zip: MIDDLETON, WI 535624719

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: () Change () Addition
Name:
Address:
City-St-Zip:

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: FREDERICK M TARANSKY

CFOT

07/08/2008

Electronic Signature of Signing Officer or Director

Date