

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90119 036 ***150.00

DOCUMENT # F00000003135

1. Entity Name

THE BAR PLAN MUTUAL INSURANCE COMPANY

Principal Place of Business

**1717 HIDDEN CREEK COURT
 ST LOUIS MO 63131**

Mailing Address

**1717 HIDDEN CREEK COURT
 ST LOUIS MO 63131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1393691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

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.

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) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
 NAME **PCD**
 STREET ADDRESS **HARDING, DAVID M**
 CITY-ST-ZIP **1717 HIDDEN CREEK COURT
 ST LOUIS MO**

TITLE ☐ Change ☒ Addition
 NAME **P**
 STREET ADDRESS **Bilstrom, Jon W.**
 CITY-ST-ZIP **1717 Hidden Creek Court
 St. Louis, MO 63131**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **HAGAN, ANN P**
 CITY-ST-ZIP **210 E. LOVE
 MEXICO MO**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Doctorian, Sherry L**
 CITY-ST-ZIP **3405 W. Truman Blvd, Ste. 210
 Jefferson City, MO 65109**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **STEELE, RICHARD G**
 CITY-ST-ZIP **3113 INDEPENDENCE
 CAPE GIRARDEAU MO**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Hyde, Kent O.**
 CITY-ST-ZIP **1121 S. Glenstone
 Springfield, MO 65804**

TITLE ☐ Delete
 NAME **CD**
 STREET ADDRESS **LARSON, DAVID E**
 CITY-ST-ZIP **2345 GRAND STE, 210
 KANSAS CITY MO**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Lamkin, Walter R.**
 CITY-ST-ZIP **16141 Swingley Ridge Rd, Ste. 300
 Chesterfield, MO 63017-1774**

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **BRANT, JEROME E**
 CITY-ST-ZIP **TWO SOUTH MAIN
 LIBERTY MO**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Stiegemeier, Christian A.**
 CITY-ST-ZIP **1717 Hidden Creek Court
 St. Louis, MO 63131**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BALDWIN, JAMES E**
 CITY-ST-ZIP **112 NORTH MADISON
 LEBANON MO**

TITLE ☐ Change ☐ Addition
 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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-01 314 965-3333

CR2E034 (9/01)