

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003135

FILED
Apr 14, 2009
Secretary of State

Entity Name: THE BAR PLAN MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

1717 HIDDEN CREEK COURT
ST LOUIS, MO 63131

New Principal Place of Business:

Current Mailing Address:

1717 HIDDEN CREEK COURT
ST LOUIS, MO 63131

New Mailing Address:

FEI Number: 43-1393691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HYDE, KENT O
Address: 1121 S. GLENSTONE AVE
City-St-Zip: SPRINGFIELD, MO 65804

Title: D () Delete
Name: LAMKIN, WALTER R
Address: ONE BRENTWOOD STE. 1000
City-St-Zip: SAINT LOUIS, MO 63105

Title: V () Delete
Name: PULVIRENTI, CYNTHIA L
Address: 1717 HIDDEN CREEK CT.
City-St-Zip: SAINT LOUIS, MO 63131

Title: V () Delete
Name: EDGAR, KIMBERLY M
Address: 1717 HIDDEN CREEK CT
City-St-Zip: SAINT LOUIS, MO 63131

Title: CFO () Delete
Name: KLAUS, GREGORY H
Address: 1717 HIDDEN CREEK CT
City-St-Zip: SAINT LOUIS, MO 63131

Title: () Delete
Name:
Address:
City-St-Zip:

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: P () Change (X) Addition
Name: MCCARTHY, KAREN R
Address: 1717 HIDDEN CREEK COURT
City-St-Zip: SAINT LOUIS, MO 63131

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: KIMBERLY EDGAR

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date