


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90039 030 ***150.00

DOCUMENT # F01000003541					
1. Entity Name ADDISON INSURANCE COMPANY					
Principal Place of Business 2500 S. HIGHLAND AVE., SUITE 103 LOMBARD, IL 60148-5398			Mailing Address 118 2ND AVENUE SE PO BOX 73909 CEDAR RAPIDS, IA 52407-3909		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 36-0705950	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCALL, RALPH D 1602 WILDCAT CT WINTER SPRINGS, FL 32708		7. Name and Address of New Registered Agent			
		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <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	S STAUFFER, KRISTIN R <input type="checkbox"/> Delete 118 2ND AVE. SE, PO BOX 73909 CEDAR RAPIDS, IA 524073909		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FELL, TYLER C <input checked="" type="checkbox"/> Delete 118 2ND AVE. SE, PO BOX 73909 CEDAR RAPIDS, IA 524073909		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Lyons, Dianne M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 118 2nd Ave SE, PO Box 73909 Cedar Rapids, IA 524073909	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCINTYRE, J. SCOTT JR. <input type="checkbox"/> Delete 118 2ND AVE. SE, PO BOX 73909 CEDAR RAPIDS, IA 524073909		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAGNON, THOMAS W <input type="checkbox"/> Delete 67 CHUKOR CHATHAM, IL 62629		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMLO, RANDY A <input type="checkbox"/> Delete 118 2ND AVE SE PO BOX 73909 CEDAR RAPIDS, IA 524073909		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <u>Dianne Lyons</u>		Dianne Lyons		4-17-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		319-399-5723	
Daytime Phone #					