2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003541

Entity Name: ADDISON INSURANCE COMPANY

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2500 S. HIGHLAND AVE., SUITE 103 LOMBARD, IL 601485398						
Current Mailing Address:				New Mailing Address:		
118 2ND AVENUE SE PO BOX 73909 CEDAR RAPIDS, IA 524073909						
FEI Number: 36-0705950 FEI Number Applied For () FEI Num			nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MCCALL, RALPH D 1602 WILDCAT CT WINTER SPRINGS, FL 32708 US				CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US		
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: N/A				04/17/2009		
	Electron	c Signature of Registered Agen	it			Date
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
City-St-Zip:	STAUFFER, KR 118 2ND AVE. S CEDAR RAPIDS	EE, PO BOX 73909 F, IA 524073909 Delete		Title: Name: Address: City-St-Zip: Title: Name:	. ,	Change () Addition Change () Addition
Address:		E, PO BOX 73909		Address: City-St-Zip:	118 2ND AVE S	E, PO BOX 73909 5, IA 524073909
	MCINTYRE, J. S	E, PO BOX 73909		Title: Name: Address: City-St-Zip:	MCINTYRE, J. S 118 2ND AVE. S	Change () Addition SCOTT JR. SE, PO BOX 73909 S, IA 524073909
Title: Name: Address: City-St-Zip:	D () GAGNON, THOM 67 CHUKOR CHATHAM, IL 6			Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	RAMLO, RANDY 118 2ND AVE S	Delete ′ A E PO BOX 73909 ;, IA 524073909		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	RIFE, JOHN À 118 2ND AVE S	Change (X) Addition SE, PO BOX 73909 S, IA 524073909

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: /S/ RANDY A. RAMLO P 04/17/2009