

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003541

FILED
Jan 04, 2011
Secretary of State

Entity Name: ADDISON INSURANCE COMPANY

Current Principal Place of Business:

2500 S. HIGHLAND AVE., SUITE 103
LOMBARD, IL 601485398

New Principal Place of Business:

118 SECOND AVENUE SE
CEDAR RAPIDS, IA 524073909

Current Mailing Address:

118 2ND AVENUE SE
PO BOX 73909
CEDAR RAPIDS, IA 524073909

New Mailing Address:

118 SECOND AVENUE SE
P.O. BOX 73909
CEDAR RAPIDS, IA 524073909

FEI Number: 36-0705950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
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

OFFICERS AND DIRECTORS:

Title: P, D
Name: RAMLO, RANDY A
Address: 118 2ND AVE. SE, PO BOX 73909
City-St-Zip: CEDAR RAPIDS, IA 524073909

Title: C, D
Name: EVANS, JACK B
Address: 118 2ND AVE SE, PO BOX 73909
City-St-Zip: CEDAR RAPIDS, IA 524073909

Title: VP,D
Name: WILKINS, MICHAEL T
Address: 118 2ND AVE. SE, PO BOX 73909
City-St-Zip: CEDAR RAPIDS, IA 524073909

Title: VP
Name: LYON, DIANNE M
Address: 118 2ND AVE. SE, PO BOX 73909
City-St-Zip: CHATHAM, IL 62629

Title: T
Name: MARTIN, JANICE A
Address: 118 2ND AVE. SE, PO BOX 73909
City-St-Zip: CEDAR RAPIDS, IA 524073909

Title: S
Name: STAUFFER, KRISTIN R
Address: 118 2ND AVE SE, PO BOX 73909
City-St-Zip: CEDAR RAPIDS, IA 524073909

I hereby 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 all other like empowered.

SIGNATURE: /S/ DIANNE M. LYONS

VP

01/04/2011

Electronic Signature of Signing Officer or Director

Date