

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003541

FILED  
Jan 03, 2012  
Secretary of State

Entity Name: ADDISON INSURANCE COMPANY

**Current Principal Place of Business:**

118 SECOND AVENUE SE  
CEDAR RAPIDS, IA 524073909

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

01/03/2012

Electronic Signature of Signing Officer or Director

Date