## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000002034

Entity Name: UNIMERICA INSURANCE COMPANY

FILED Apr 25, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	ESEARCH DR E, WI 53226	IVE			
Current Mailing Address:			New Mailir	New Mailing Address:	
6300 OLSO	- MN010-E151 N MEMORIAL ALLEY, MN 55	HIGHWAY			
FEI Number: 52-1996029 FEI Number Applied For ( ) FE		FEI Number Not Appli	cable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered				Address of New Registered Agent:	
CHIEF FINANCIAL OFFICER P.O. BOX 6200 (32314-6200) 200 E. GAINES ST. TALLAHASSEE, FL 32399 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:					
Electronic Signature of Registered Agent				Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GULSTRAND, PA	MORIAL HIGHWAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () C OBERRENDER, I 9900 BREN ROA MINNETONKA, M	D EAST	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition HELVICK, MARK L 6300 OLSON MEMORIAL HIGHWAY GOLDEN VALLEY, MN 55427	
Title: Name: Address: City-St-Zip:	S () E RYAN, TIMOTHY 9900 BREN ROA MINNETONKA, M	D EAST	Title: Name: Address: City-St-Zip:	VD (X) Change ( ) Addition LYLE, TED A 9900 BREN ROAD EAST MINNETONKA, MN 55343	
Title: Name: Address: City-St-Zip:	VD () E LYLE, TED A 9900 BREN ROA MINNETONKA, M		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition SPARKMAN, DAVID L 9900 BREN ROAD EAST MINNETONKA, MN 55343	
Title: Name: Address: City-St-Zip:	HELVICK, MARK	MORIAL HIGHWAY	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition STERN, KYLE C 2811 LORD BALTIMORE DRIVE BALTIMORE, MD 21244	
Title: Name: Address: City-St-Zip:	VD () E HALL, DAVID T 2811 LORD BALT BALTIMORE, MD		Title: Name: Address: City-St-Zip:	AS (X) Change ( ) Addition SCALLEN, PATRICK S 6300 OLSON MEMORIAL HIGHWAY GOLDEN VALLEY, MN 55427	

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: PATRICK S. SCALLEN AS 04/25/2007