

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002034

FILED  
Mar 31, 2011  
Secretary of State

**Entity Name:** UNIMERICA INSURANCE COMPANY

**Current Principal Place of Business:**

10701 W. RESEARCH DRIVE  
MILWAUKEE, WI 53226

**New Principal Place of Business:**

**Current Mailing Address:**

ATTENTION BETTY TETZLAFF  
5901 LINCOLN DR - MN012-S117  
EDINA, MN 55436

**New Mailing Address:**

10701 W. RESEARCH DRIVE  
MILWAUKEE, WI 53226

**FEI Number:** 52-1996029

**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 32399 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: D/P  
Name: SOUZA, DIANE D  
Address: 10701 W. RESEARCH DRIVE  
City-St-Zip: MILWAUKEE, WI 53226

Title: VP  
Name: WEBB, ROBERT THOMAS  
Address: 10701 W. RESEARCH DRIVE  
City-St-Zip: MILWAUKEE, WI 53226

Title: SEC  
Name: RYAN, TIMOTHY F  
Address: 10701 W. RESEARCH DRIVE  
City-St-Zip: MILWAUKEE, WI 53226

Title: TREA  
Name: OBERRENDER, ROBERT WORTH  
Address: 10701 W. RESEARCH DRIVE  
City-St-Zip: MILWAUKEE, WI 53226

Title: DIR  
Name: HEBERT, PAUL BRIGGS  
Address: 10701 W. RESEARCH DRIVE  
City-St-Zip: MILWAUKEE, WI 53226

Title: DIR  
Name: OWENS, DAWN MARIE  
Address: 10701 W. RESEARCH DRIVE  
City-St-Zip: MILWAUKEE, WI 53226

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: MANDELIN HENDRICKS

POA

03/31/2011

Electronic Signature of Signing Officer or Director

Date