

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005938

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: MIDWEST INSURANCE PARTNERS, INC.

## Current Principal Place of Business:

200 SOUTH WEST 30TH STREET  
TOPEKA, KS 66611

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 806  
OLEAN, N6 14760

## New Mailing Address:

FEI Number: 74-3104097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JONES, WILLIAM D  
Address: 6128 W. CENTRAL AVE.  
City-St-Zip: WHICITA, KS 67212

Title: VD ( ) Delete  
Name: CHIAPUSO, JOSEPH G  
Address: 174 1/2 NORTH UNION STREET #7  
City-St-Zip: OLEAN, NY 14760

Title: SD ( ) Delete  
Name: BRANCH-BENOLIEL, AMY L  
Address: 520 EAST GRAVERS LANE  
City-St-Zip: WYNDMOOR, PA 19038

Title: TASD ( ) Delete  
Name: BRANCH, LAURIE A  
Address: 304 VAN BUREN AVE.  
City-St-Zip: OLEAN, NY 14760

Title: CD ( ) Delete  
Name: BRANCH, PAUL M  
Address: 1309 BUCHANAN AVENUE  
City-St-Zip: OLEAN, NY 14760

Title: D ( ) Delete  
Name: BRANCH-BENOLIEL, AMY L  
Address: 520 GRAVERS LANE  
City-St-Zip: WYNDMOOR, PA 19038

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BRANCH, LAURIE A  
Address: 406 WEST STATE ST  
City-St-Zip: OLEAN, NY 14760

Title: VD (X) Change ( ) Addition  
Name: CHIAPUSO, JOSEPH G  
Address: 1729 MOODY HOLLOW ROAD  
City-St-Zip: ELDRED, PA 16731

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LAURIE A BRANCH

PD

03/09/2009

Electronic Signature of Signing Officer or Director

Date