

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007281

FILED
Feb 16, 2011
Secretary of State

Entity Name: PLANS' LIABILITY INSURANCE COMPANY

Current Principal Place of Business:

2 MID AMERICA PLAZA
200
OAKBROOK TERRACE, IL 601814712 US

New Principal Place of Business:

Current Mailing Address:

2 MID AMERICA PLAZA
200
OAKBROOK TERRACE, IL 601814712 US

New Mailing Address:

FEI Number: 36-3503382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name: BEACHAM, III, H F
Address: 2 MID AMERICA PLAZA, SUITE 200
City-St-Zip: OAKBROOK TERRACE, IL 601814712 US

Title: CD
Name: BOWSER, TOM
Address: 2301 MAIN STREET
City-St-Zip: KANSAS CITY, MO 64108

Title: VPT
Name: PICKAR, SUSAN
Address: 2 MID AMERICA PLAZA, SUITE 200
City-St-Zip: OAKBROOK TERRACE, IL 601814712 US

Title: S
Name: CARPENTER, HENRY A VSD
Address: 2 MID AMERICA PLAZA, SUITE 200
City-St-Zip: OAKBROOK TERRACE, IL 601814712 US

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: HENRY A. CARPENTER

S

02/16/2011

Electronic Signature of Signing Officer or Director

Date