

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004750

FILED
Mar 18, 2011
Secretary of State

Entity Name: CENTRAL INSURANCE MANAGEMENT, INC.

Current Principal Place of Business:

3625 N. SHERIDAN ROAD
PEORIA, IL 61633

New Principal Place of Business:

Current Mailing Address:

3625 N. SHERIDAN ROAD
PEORIA, IL 61633

New Mailing Address:

FEI Number: 37-1241304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: VP
Name: PARKER, DEAN J
Address: 1055 E. DUNNE ST
City-St-Zip: MORTON, IL 61558

Title: PD
Name: MEISEN, WILLIAM
Address: 3625 N. SHERIDAN ROAD
City-St-Zip: PEORIA, IL 61633

Title: S
Name: LUCAS, MARK
Address: 3625 N. SHERIDAN ROAD
City-St-Zip: PEORIA, IL 61633

Title: T
Name: LYNN, GEURIN K
Address: 10101 REUNION PLACE STE 500
City-St-Zip: SAN ANTONIO, TX 78216

Title: SD
Name: COMEAUX, CRAIG S
Address: 10101 REUNION PLACE STE 500
City-St-Zip: SAN ANTONIO, TX 78216

Title: EVP
Name: ARLEDGE, MICHAEL E
Address: 10101 REUNION PLACE STE 450
City-St-Zip: SAN ANTONIO, TX 78216

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: MICHAEL E ARLEDGE

EVP

03/18/2011

Electronic Signature of Signing Officer or Director

Date