2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2011
Secretary of State

DOCUMENT# F06000005997

Entity Name: HAUSMANN-JOHNSON INSURANCE, INC.

Current Principal Place of Business:

700 REGENT STREET
MADISON, WI 53715

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 259408
MADISON, WI 537259408

New Mailing Address:

FEI Number: 39-1090217 **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: CP
Name: HAUSMANN, TIMOTHY
Address: 700 REGENT STREET
City-St-Zip: MADISON, WI 53715

Title: CV
Name: SQUIRES, STEVEN L
Address: 700 REGENT STREET
City-St-Zip: MADISON, WI 53715

Title: D
Name: HAUSMANN, JEFFREY P
Address: 700 REGENT STREET
City-St-Zip: MADISON, WI 53715

Title: DS
Name: BUTLER, CRAIG
Address: 700 REGENT STREET
City-St-Zip: MADISON, WI 53715

Title: T
Name: HASZ, SANDRA
Address: 700 REGENT STREET
City-St-Zip: MADISON, WI 53715

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: SANDY HASZ TS 02/15/2011

Electronic Signature of Signing Officer or Director Date