

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000071

FILED
Aug 29, 2008
Secretary of State

Entity Name: WISCONSIN PHYSICIANS SERVICE INSURANCE CORPORATION

Current Principal Place of Business:

1717 W. BROADWAY
MADISON, WI 53708

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 7607
MADISON, WI 53707

New Mailing Address:

FEI Number: 39-1268299

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BEISENSTEIN, WILLIAM
Address: 3102 HAWKS HAVEN TR
City-St-Zip: DEFOREST, WI 53532

Title: CD () Delete
Name: NORDBY, EUGENE J M.D.
Address: 7824 COURTYARD DRIVE
City-St-Zip: MADISON, WI 53719

Title: PCEO () Delete
Name: RIORDAN, JAMES R
Address: 6309 PIPING ROCK ROAD
City-St-Zip: MADISON, WI 53711

Title: D () Delete
Name: RIORDAN, JAMES R
Address: 6309 PIPING ROCK ROAD
City-St-Zip: MADISON, WI 53711

Title: SD () Delete
Name: VOGEL, DAVID L
Address: 2144 WILLIAMS DRIVE
City-St-Zip: STOUGHTON, WI 53589

Title: D () Delete
Name: EUCLIDE, KRISTINE A
Address: 2910 LAKELAND AVENUE
City-St-Zip: MADISON, WI 53704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: WILLIAM T. BEISENSTEIN

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08/29/2008

Electronic Signature of Signing Officer or Director

Date