# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 16, 2010**
**Secretary of State**

DOCUMENT# F08000000071

**Entity Name:** WISCONSIN PHYSICIANS SERVICE INSURANCE CORPORATION

**Current Principal Place of Business:**

1717 W. BROADWAY
MADISON, WI 53713 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 8190
MADISON, WI 53703

**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

**OFFICERS AND DIRECTORS:**

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

Title: CD
Name: FLAHERTY, TIMOTHY T M.D.
Address: 547 E WISCONSIN AVE
City-St-Zip: NEENAH, WI 54956

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

Title: D
Name: LORD, JAMES A DDS
Address: 7517 E HAMPSTEAD COURT
City-St-Zip: MIDDLETON, WI 53562

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

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

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: WILLIAM C BEISENSTEIN T 06/16/2010

Electronic Signature of Signing Officer or Director Date