2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# F08000001427

Entity Name: TRUCKERS INSURANCE ASSOCIATES, INC.

Current Principal Place of Business:

1280 OFFICE PLAZA DRIVE
WEST DES MOINES, IA 50266

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1494
DES MOINES, IA 50305

New Mailing Address:

FEI Number: 42-0918821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES INC.
2731 EXECUTIVE PARK DR.
SUITE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: ALBAUGH, CHERYL A-SEC
Address: 1280 OFFICE PLAZA DRIVE
City-St-Zip: WEST DES MOINES, IA 50266

Title: TD ( ) Delete
Name: WILSON, KAREN A-TRES
Address: 1280 OFFICE PLAZA DRIVE
City-St-Zip: WEST DES MOINES, IA 50266

Title: PTD ( ) Delete
Name: WILSON, JOHN D
Address: 1280 OFFICE PLAZA DRIVE
City-St-Zip: WEST DES MOINES, IA 50266

Title: CEOV ( ) Delete
Name: ALBAUGH, GARY
Address: 1280 OFFICE PLAZA DRIVE
City-St-Zip: WEST DES MOINES, IA 50266

Title: S ( ) Delete
Name: ALBAUGH, GARY K
Address: 1280 OFFICE PLAZA DRIVE
City-St-Zip: WEST DES MOINES, IA 50266

Title: T ( ) Delete
Name: WILSON, JOHN D
Address: 1280 OFFICE PLAZA DRIVE
City-St-Zip: WEST DES MOINES, IA 50266

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: JOHN D WILSON PTD 01/20/2009

Electronic Signature of Signing Officer or Director — Date