

2012 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 03, 2012
Secretary of State

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

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

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

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

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

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

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: JOHN DOUGLAS WILSON

PTD

01/03/2012

Electronic Signature of Signing Officer or Director

Date