

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005311

FILED
Feb 06, 2009
Secretary of State

Entity Name: M3 INSURANCE SOLUTIONS, INC.

Current Principal Place of Business:

3113 W. BELTLINE HIGHWAY
MADISON, WI 53713

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8950
MADISON, WI 537088950

New Mailing Address:

P.O. BOX 8950
MADISON, WI 537088950 US

FEI Number: 39-1141360

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 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: VICTORSON, MICHAEL E
Address: 349 MEDINAH STREET
City-St-Zip: OREGON, WI 53575

Title: EVP () Delete
Name: VAN DAM, DALE E
Address: 1025 TIMBER PASS
City-St-Zip: BROOKFIELD, WI 53045

Title: EVP () Delete
Name: LABORDE, SEAN J
Address: 104 AUTUMNWOOD CIRCLE
City-St-Zip: MOUNT HOREB, WI 53572

Title: EVP () Delete
Name: MOORE, MICHAEL J
Address: 8501 ARBOR TRACE DRIVE
City-St-Zip: VERONA, WI

Title: EVST () Delete
Name: GOLDEN, THOMAS J
Address: 7517 SAWMILL ROAD
City-St-Zip: MADISON, WI 53717

Title: VP () Delete
Name: KROGSTAD, JAMES G
Address: 2838 DOVER CIRCLE
City-St-Zip: MADISON, WI 53711

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
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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: MICHAEL J MOORE

EVP

02/06/2009

Electronic Signature of Signing Officer or Director

Date