2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2011
Secretary of State

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Entity Name: TWO RIVERS INSURANCE COMPANY, INC.

Current Principal Place of Business:

214 N. MAIN STREET
BURLINGTON, IA 52601

New Principal Place of Business:

Current Mailing Address:

214 N. MAIN STREET
BURLINGTON, IA 52601

New Mailing Address:

FEI Number: 42-1491310 **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: P
Name: SAVERAID, SCOTT
Address: 2026 FERNWOOD DR
City-St-Zip: DAVENPORT, IA 52803

Title: DIR
Name: CARR, KEVIN J
Address: 2621 CLIFFWOOD DR
City-St-Zip: BURLINGTON, IA 52601

Title: S
Name: ARCHER, W. RICHARD
Address: 2629 EVERGREEN DR.
City-St-Zip: BURLINGTON, IA 52601

Title: T
Name: LEHMAN, MARK
Address: 1612 NAVAJO STREET
City-St-Zip: BURLINGTON, IA 52601

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: W. RICHARD ARCHER SEC 02/21/2011

Electronic Signature of Signing Officer or Director Date