2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002086

FILED Apr 18, 2011 Secretary of State

Entity Name: PETROLEUM MARKETERS MANAGEMENT INSURANCE COMPANY

Current Principal Place of Business:		New Principal Place of Business:	
2894 106TH ST. 220			
JRBANDALE, IA 50322	2		
Current Mailing Address:		New Mailing Address:	
PO BOX 7628 JRBANDALE, IA 50523	3		
El Number: 42-1499640	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
NRAI SERVICES, INC. 15 E. PARK AVENUE FALLAHASSEE, FL 323	301 US		
The above named entity n the State of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,
SIGNATURE:			
Electro	onic Signature of Registered Ag	ent	Date
OFFICERS AND DIREC	CTORS:		
itle: C lame: BURMEISTER	R. RONALD L		

19799 240TH ST. Address: City-St-Zip: DAVENPORT, IA 52807

Title: VCD

MCGAUVRAN, RONALD J Name: Address: 2 CITRUS CIR. CLINTON, IA 52732 City-St-Zip:

Title:

Name: KRAUSE, WILLIAM Address: 1105 BUR OAKS DR. City-St-Zip: W. DES MOINES, IA 50266

Title:

ROUNDS, PATRICK J Name: Address: 12901 SUNSET TERR. City-St-Zip: CLIVE, IA 50325

Title:

NORRIS, THOMAS J Name: Address: 7825 MAPLE DR. URBANDALE, IA 50322 City-St-Zip:

Title:

DOLAN, MARY JO Name: 624 45TH ST. Address:

DES MOINES, IA 50312 City-St-Zip:

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: PATRICK ROUNDS Ρ 04/18/2011