2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001113

Entity Name: FLORISTS' INSURANCE COMPANY

FILED Apr 15, 2008 Secretary of State

Current Principal Place of Business:			New Pri	New Principal Place of Business:		
#1 HORTIC	CULTURAL LA SVILLE, IL 620	NE		•		
Current Mailing Address:				New Mailing Address:		
PO BOX 42 EDWARDS	28 SVILLE, IL 620	25				
FEI Number: 37-1015625 FEI Number Applied For () FEI Nu			FEI Number Not Ap	mber Not Applicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name an	nd Address of New Registered A	gent:	
P O BOX 6 200 E. GAI TALLAHAS The above	SSEE, FL 3239	990000 US	rpose of changing	g its registered office or registered	agent, or both,	
SIGNATUF		i- Cinnet and FD anistant A and		Dete		
Election Can		ic Signature of Registered Ager Trust Fund Contribution ().	I	Date		
OFFICERS	S AND DIREC	TORS:	ADDITIO	ONS/CHANGES TO OFFICERS A	ND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DCOB () LEIDER, MICHA 511 CAMBRIDG LAKE BLUFF, II	BE .	Title: Name: Address: City-St-Zip:	D (X) Change () Addition LEIDER, MICHAEL J 511 CAMBRIDGE D: LAKE BLUFF, IL 60044		
Title: Name: Address: City-St-Zip:	PD () MCCLELLAN, F 7645 SHERRY WORDEN, IL 6	CREEK RD.	Title: Name: Address: City-St-Zip:	T (X) Change () Addition LEBKUECHER, JOAN E 30 LANDS END COURT D: GLEN CARBON, IL 62034		
Title: Name: Address: City-St-Zip:	T () HABERER, MOI 6 GINGER RIDO GLEN CARBON	3E LANE	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition HABERER, MONA B 6 GINGER RIDGE LANE D: GLEN CARBON, IL 62034		
Title: Name: Address: City-St-Zip:	S () BATES, BRENT 3446 VICKSBU EDWARDSVILL	RG DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	V () FORNOF, PETE #2 NORTH SHO EDWARDSVILL	RE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	V () KRIEG, KENNE 18 GINGER CR GLEN CARBON	EEK DR.	Title: Name: Address: City-St-Zip:	() Change () Addition		

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: JOAN E LEBKUECHER TREA 04/15/2008