

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001113

FILED
Apr 19, 2011
Secretary of State

Entity Name: FLORISTS' INSURANCE COMPANY

Current Principal Place of Business:

#1 HORTICULTURAL LANE
EDWARDSVILLE, IL 62025

New Principal Place of Business:

Current Mailing Address:

PO BOX 428
EDWARDSVILLE, IL 62025

New Mailing Address:

FEI Number: 37-1015625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: D
Name: BOONMAN, CORNELIS A
Address: 1029 ROBBINS COURT
City-St-Zip: WHEATON, IL 60187

Title: T
Name: LEBKUECHER, JOAN E
Address: 30 LANDS END COURT
City-St-Zip: GLEN CARBON, IL 62034

Title: PD
Name: HABERER, MONA B
Address: 6 GINGER RIDGE LANE
City-St-Zip: GLEN CARBON, IL 62034

Title: S
Name: BATES, BRENT A
Address: 3446 VICKSBURG DRIVE
City-St-Zip: EDWARDSVILLE, IL 62025

Title: V
Name: FORNOF, PETER H
Address: 111 CARRINGTON COURT
City-St-Zip: EDWARDSVILLE, IL 62025

Title: V
Name: KRIEG, KENNETH J
Address: 18 GINGER CREEK DR.
City-St-Zip: GLEN CARBON, IL 62034

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: JOAN E LEBKUECHER

T

04/19/2011

Electronic Signature of Signing Officer or Director

Date