


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90035 019 \*\*\*158.75

<b>DOCUMENT # F96000001817</b> 1. Entity Name <b>M &amp; I INSURANCE SERVICES, INC.</b>					
Principal Place of Business <b>770 N WATER ST MILWAUKEE, WI 53202</b>			Mailing Address <b>770 N WATER ST MILWAUKEE, WI 53202</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01122006    Chg-P    CR2E034 (11/05)	
4. FEI Number <b>39-1427310</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO GOES, KEITH S 770 N WATER ST MILWAUKEE, WI 53202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President / CEO / Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPS CURTIS, WILLIAM K 770 N WATER ST MILWAUKEE, WI 53202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Senior V.P. / Secretary / Director COO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAS CRAIN JR, WILLIAM J 770 N WATER ST MILWAUKEE, WI 53202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP / CFO / Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVP MUTH, MICHAEL J 770 N WATER ST MILWAUKEE, WI 53202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <i>See attached list</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary / Director Jeffrey O. Himstreet 111 E Kilbourn Ave, Suite 400 Milwaukee WI 53202</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>W.K. Curtis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>2.6.06</b> Daytime Phone #			

**M&I INSURANCE SERVICES, INC.**

**LISTING OF OFFICERS/DIRECTORS**

770 N. Water Street  
Milwaukee, WI 53202

**ATTACHMENT**

40013408

#F96000001817

Kenneth C. Krei, Director – SS #408-82-0271

Daniel L. Kaminski, Director – SS#394-68-2154

Thomas J. O'Neill, Director – SS#395-72-7073

John M. Presley, Director – SS#429-33-0778

Keith S. Gores, President/CEO/Director – SS#393-48-3033

William K. Curtis, Senior Vice President/COO/Director – SS#389-58-6550

Jeffrey O. Himstreet, Secretary/Director – SS#517-92-2988

William J. Crain, Jr., Vice President/CFO/Treasurer – SS#390-62-0166

Peter F. Schumacher, Vice President – SS#394-56-9058

Kurtis A. Beronja, Vice President – SS#388-82-8958

Cheryl A. Dowsett, Vice President – 341-62-4641

James S. Patterson, Vice President – SS#568-92-6189

Michael J. Muth, Assistant Vice President – SS#398-62-0106



William K. Curtis  
Senior Vice President

2-6-06

Date