

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # F97000006756**1. Entity Name
MODERN SERVICE INSURANCE COMPANY

Principal Place of Business	Mailing Address
2 PINE TREE DR.	PO BOX 64035
ARDEN HILLS MN	ST PAUL MN
55112	551640035

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
41-0944224

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOLTALLAHASSEE
323990300

US

FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____ **04/19/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	GAECKE ROBERT L	
STREET ADDRESS	2 PINE TREE DR.	
CITY-ST-ZIP	ARDEN HILLS MN 55112	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH PINGATORE J	
STREET ADDRESS	2 PINE TREE DR.	
CITY-ST-ZIP	ARDEN HILLS MN 55112	

TITLE	P	<input type="checkbox"/> Delete
NAME	VAN HOUTEN JAMES F	
STREET ADDRESS	2 PINE TREE DR.	
CITY-ST-ZIP	ARDEN HILLS MN 55112	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	FREW BURDETTE L	
STREET ADDRESS	7480 S HWY 163	
CITY-ST-ZIP	COLUMBIA MO 65203	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRENCE BOHMAN J	
STREET ADDRESS	1300 CORPORATE CENTER CURVE	
CITY-ST-ZIP	EAGAN MN 55121	

TITLE	D	<input type="checkbox"/> Delete
NAME	BOATMAN JOHN C	
STREET ADDRESS	5811 STAR ROUTE	
CITY-ST-ZIP	KANSAS OH 44841	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOATMAN JOHN C	
STREET ADDRESS	1200 WEST MAIN	
CITY-ST-ZIP	WOODVILLE OH 43469	

TITLE	DC	<input type="checkbox"/> Delete
NAME	KOVACH GASPER JR	
STREET ADDRESS	1013 ROLLINGWOODS LANE	
CITY-ST-ZIP	LAKE LAND FL 33813	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DC	<input type="checkbox"/> Delete
NAME	SHAFFER JOHN B	
STREET ADDRESS	RT. 3 BOX 157	
CITY-ST-ZIP	PIPESTONE MN 56164	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFFER JOHN B	
STREET ADDRESS	1132 81ST STREET	
CITY-ST-ZIP	PIPESTONE MN 56164	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph J. Pingatore

S

04/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)