

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F97000006756

FILED  
May 01, 2002 8:00 AM  
Secretary of State

Entity Name: MODERN SERVICE INSURANCE COMPANY

## Current Principal Place of Business:

2 PINE TREE DR.  
ARDEN HILLS, MN 55112

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 64035  
ST PAUL, MN 551640035

## New Mailing Address:

FEI Number: 41-0944224

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE, FL 323990300 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SHAFFER, JOHN B  
Address: 1132 81ST STREET  
City-St-Zip: PIPESTONE, MN 56164

Title: DC ( ) Delete  
Name: KOVACH, GASPER JR  
Address: 1013 ROLLINGWOODS LANE  
City-St-Zip: LAKE LAND, FL 33813

Title: D ( ) Delete  
Name: BOATMAN, JOHN C  
Address: 1200 WEST MAIN  
City-St-Zip: WOODVILLE, OH 43469

Title: D ( ) Delete  
Name: TERRENCE, BOHMAN J  
Address: 1300 CORPORATE CENTER CURVE  
City-St-Zip: EAGAN, MN 55121

Title: P ( ) Delete  
Name: VAN HOUTEN, JAMES F  
Address: 2 PINE TREE DR.  
City-St-Zip: ARDEN HILLS, MN 55112

Title: S ( ) Delete  
Name: JOSEPH, PINGATORE J  
Address: 2 PINE TREE DR.  
City-St-Zip: ARDEN HILLS, MN 55112

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: BLACKBURN, JOHN D  
Address: 1701 TOWANDA AVENUE  
City-St-Zip: BLOOMINGTON, IL 61702

Title: S (X) Change ( ) Addition  
Name: HARMON, PAUL M  
Address: 1701 TOWANDA AVENUE  
City-St-Zip: BLOOMINGTON, IL 61702

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAUL M. HARMON

S

05/01/2002

Electronic Signature of Signing Officer or Director

Date