

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90163 021 \*\*\*150.00

**DOCUMENT # F97000006756**

1. Entity Name  
**MODERN SERVICE INSURANCE COMPANY**



Principal Place of Business  
**2 PINE TREE DR.  
ARDEN HILLS, MN 55112**

Mailing Address  
**PO BOX 64035  
ST PAUL, MN 55164-0035**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142004

Chg-P

CR2E034 (10/03)

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

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **SHAFFER, JOHN B**  
STREET ADDRESS **1132 81ST STREET**  
CITY-ST-ZIP **PIPESTONE, MN 56164**

TITLE ☒ Change ☐ Addition  
NAME **Two Pine Tree Drive**  
STREET ADDRESS **Arden Hills, MN 55112-3793**  
CITY-ST-ZIP

TITLE **DC** ☐ Delete  
NAME **KOVACH, GASPHER JR**  
STREET ADDRESS **1013 ROLLINGWOODS LANE**  
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **D** ☒ Change ☐ Addition  
NAME **Two Pine Tree Drive**  
STREET ADDRESS **Arden Hills, MN 55112-3793**  
CITY-ST-ZIP

TITLE **AS** ☒ Delete  
NAME **PINGATORE, JOSEPH J**  
STREET ADDRESS **TWO PINE TREE DRIVE**  
CITY-ST-ZIP **ARDEN HILLS, MN 55112**

TITLE **V/T** ☐ Change ☒ Addition  
NAME **Hanfland, William J**  
STREET ADDRESS **1701 N. Towanda Avenue**  
CITY-ST-ZIP **Bloomington IL 61701-2090**

TITLE **D** ☐ Delete  
NAME **TERRENCE, BOHMAN J**  
STREET ADDRESS **1300 CORPORATE CENTER CURVE**  
CITY-ST-ZIP **EAGAN, MN 55121**

TITLE **D** ☒ Change ☐ Addition  
NAME **Bohman, Terrance J**  
STREET ADDRESS **Two Pine Tree Drive**  
CITY-ST-ZIP **Arden Hills, MN 55112-3793**

TITLE **P** ☒ Delete  
NAME **BLACKBURN, JOHN D**  
STREET ADDRESS **1701 TOWANDA AVENUE**  
CITY-ST-ZIP **BLOOMINGTON, IL 61702**

TITLE **P/D** ☐ Change ☒ Addition  
NAME **Baurer, Barbara A**  
STREET ADDRESS **1701 N. Towanda Avenue**  
CITY-ST-ZIP **Bloomington IL 61701-2090**

TITLE **S** ☐ Delete  
NAME **HARMON, PAUL M**  
STREET ADDRESS **1701 TOWANDA AVENUE**  
CITY-ST-ZIP **BLOOMINGTON, IL 61702**

TITLE **V/S/D** ☒ Change ☐ Addition  
NAME **1701 N. Towanda Avenue**  
STREET ADDRESS **Bloomington IL 61701-2090**  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Matthew J. K...*

**ASSISTANT CONTROLLER**

**4-30-04**

**309-821-3873**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

54052230

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2004 FOR PROFIT CORPORATION  
ANNUAL REPORT .....

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Entity Name:

Modern Service Insurance Company

12. ADDITIONAS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:	C/D	Change	<input checked="" type="checkbox"/> Addition
NAME:	John D. Blackburn		
STREET ADDRESS:	1701 N. Towanda Avenue		
CITY-STATE-ZIP:	Bloomington, IL 61701-2090		

TITLE:	V/D	Change	<input checked="" type="checkbox"/> Addition
NAME:	David A. Magers		
STREET ADDRESS:	1701 N. Towanda Avenue		
CITY-STATE-ZIP:	Bloomington, IL 61701-2090		

TITLE: AC  
NAME: MATTHEW J. KOPFF  
ADDRESS: 1701 N. TOWANDA AVENUE  
CITY-STATE-ZIP: BLOOMINGTON, IL 61701-2090

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