

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006756

FILED
Apr 06, 2009
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:

1701 TOWANDA AVENUE
BLOOMINGTON, IL 61701

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:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NELSON, PHILIP T
Address: 1701 TOWANDA AVE
City-St-Zip: BLOOMINGTON, IL 61701

Title: VP () Delete
Name: GUEBERT, RICHARD L JR
Address: 1701 TOWANDA AVE
City-St-Zip: BLOOMINGTON, IL 61701

Title: CEO () Delete
Name: BLACKBURN, JOHN
Address: 1701 TOWANDA AVE
City-St-Zip: BLOOMINGTON, IL 61701

Title: COO () Delete
Name: BAURER, BARBARA A
Address: 1701 TOWANDA AVE
City-St-Zip: BLOOMINGTON, IL 61701

Title: CFO () Delete
Name: MAGERS, DAVID A
Address: 1701 TOWANDA AVE
City-St-Zip: BLOOMINGTON, IL 61701

Title: VPC () Delete
Name: BOROWSKI, PETER J
Address: 1701 TOWANDA AVE
City-St-Zip: BLOOMINGTON, IL 61701

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
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Address:
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PETER BOROWSKI

VPC

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date