2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000110402

Entity Name: AMERICAN PEO INSURER, INC.

FILED Jan 15, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
	ZENS BOULE\ RG, FL 34748	/ARD			
Current Mailing Address:			New Mailing Address:		
	FICE BOX 460 RG, FL 347490				
FEI Number	r: 20-5485522	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
1317 CITIZ	DER, TED R JI ZENS BOULE\ RG, FL 34748				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	STD (HAHNE, JOHN 1317 CITIZENS LEESBURG, F	S BOULEVARD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD (OSTRANDER, 1317 CITIZENS LEESBURG, F	BOULEVARD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MITCHELL, AN	OOD HOLLY LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JOHN E. HAHNE ST 01/15/2009