

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06227

FILED
Mar 11, 2009
Secretary of State

Entity Name: MERCHANTS BONDING COMPANY (MUTUAL)

Current Principal Place of Business:

2100 FLEUR DRIVE
DES MOINES, IA 50321 US

New Principal Place of Business:

Current Mailing Address:

2100 FLEUR DRIVE
DES MOINES, IA 50321 US

New Mailing Address:

FEI Number: 42-0410010 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLS JR, E.A. SETH ESQ.
100 N TAMPA STREET, #2010
TAMPA, FL 33602 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: D () Delete
Name: TAYLOR, JEFFREY W
Address: 531 S. 26TH STREET
City-St-Zip: WEST DES MOINES, IA 50265

Title: SD () Delete
Name: WARNER, WILLIAM W JR
Address: 3917 155TH STREET
City-St-Zip: URBAN DALE, IA 50323

Title: T () Delete
Name: DEKOCK, EDWIN L
Address: 505 MAPLE STREET
City-St-Zip: PELLA, IA

Title: D () Delete
Name: TAYLOR, WILLIAM N
Address: 5115 S KENTON WAY
City-St-Zip: ENGLEWOOD, CO 80111

Title: D () Delete
Name: TAYLOR, LLOYD
Address: 2846 DRUID HILL DRIVE
City-St-Zip: DES MOINES, IA 50315

Title: D () Delete
Name: TAYLOR, JANET
Address: 2846 DRUID HILL DRIVE
City-St-Zip: DES MOINES, IA 50315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TAYLOR, LARRY B
Address: 4710 MILLS CIVIC PKWY, UNIT 1401
City-St-Zip: WEST DES MOINES, IA 50265

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

Title: T (X) Change () Addition
Name: DEKOCK, EDWIN L
Address: 505 MAPLE STREET
City-St-Zip: PELLA, IA 50219

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

Title: D (X) Change () Addition
Name: TAYLOR, LLOYD B
Address: 2846 DRUID HILL DRIVE
City-St-Zip: DES MOINES, IA 50315

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: EDWIN DEKOCK

T

03/11/2009

Electronic Signature of Signing Officer or Director

Date