

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06227

FILED  
Jan 06, 2012  
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 ST  
SUITE 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: TAYLOR, LARRY B  
Address: 4127 PLUMWOOD DRIVE  
City-St-Zip: WEST DES MOINES, IA 50265

Title: SD  
Name: WARNER, WILLIAM W JR  
Address: 3917 155TH STREET  
City-St-Zip: URBANDALE, IA 50323

Title: T  
Name: BLUM, DON R  
Address: 1844 NW 151ST CT  
City-St-Zip: CLIVE, IA 50325

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CONNIE K. ISRAEL

AVP

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date