2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000064137

Entity Name: MODERN USA INSURANCE COMPANY

FILED Apr 17, 2009 Secretary of State

Entity Nar	me: MODERN	I USA INSURANCE COMPAN	1 Y			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1528 LAKEVIEW ROAD CLEARWATER, FL 33756			7785 66TH STREET PINELLAS PARK, FL 33781			
Current Mailing Address:			New Mailing Address:			
PO BOX 5400 LARGO, FL 33779 US			7785 66TH STREET PINELLAS PARK, FL 33781			
FEI Number:	: 26-0159541	FEI Number Applied For ()	FEI Number Not Appl	icable () Certifica	te of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
200 E. GAI TALLAHAS The above	SSEE, FL 3239 named entity see of Florida. RE:	99 US submits this statement for the		ts registered office or r	egistered agent, or both,	
	Electror	ic Signature of Registered Ag	ent		Date	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () JERGER, THOM 5900 98TH AVE PINELLAS PAR	NORTH	Title: Name: Address: City-St-Zip:	()Change() Addition	
Title: Name: Address: City-St-Zip:	D () JERGER, JR., ¹ 1961 COVE LAI CLEARWATER	NE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () ADAMSKI, BRIA 5414 AVENAL I LUTZ, FL 3355	DRIVE	Title: Name: Address: City-St-Zip:	D (X) Change of BRAUN, STEPHEN 150 N WACKER DRIVE S CHICAGO, IL 60606		
Title: Name: Address: City-St-Zip:	BLACKLIDGE, 28810 FALLING	Delete RAYMOND M JD FIC B LEAVES WAY PEL, FL 335435761	Title: Name: Address: City-St-Zip:	D (X) Change of BLACKLIDGE, RAYMONE 7785 66TH STREET PINELLAS PARK, FL 337	MJDFIC	
Title: Name: Address: City-St-Zip:	D () JERGER, JR., I 7963 9TH AVE ST. PETERSBU	SOUTH	Title: Name: Address: City-St-Zip:	D (X) Change of RYAN, GAVIN 5305 KINGSBOROUGH D PLANO, TX 75093	,	

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: RAYMOND M BLACKLIDGE S 04/17/2009