## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P26985

FILED Apr 19, 2010 Secretary of State

**Entity Name: LAURIER INDEMNITY COMPANY** 

Current Principal Place of Business: New Principal Place of Business:

LAURIER INDEMNITY COMPANY 111 W. MICHIGAN ST. MILWAUKEE, WI 532032903 US

Current Mailing Address: New Mailing Address:

LAURIER INDEMNITY COMPANY 111 W. MICHIGAN ST. MILWAUKEE, WI 532032903 US

FEI Number: 58-1811419 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:

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US

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: PVDC

Name: CARTER, JAMES W
Address: 28 TEDDINGTON PARK AVE.
City-St-Zip: TORONTO, ON M4N 2C3 CA

Title: TD

Name: HARRIS, DOUGLAS J Address: 111 W. MICHIGAN ST. City-St-Zip: MILWAUKEE, WI 53203

Title: SD

Name: CARTER, ROCH
Address: 111 W. MICHIGAN ST.
City-St-Zip: MILWAUKEE, WI 53203

Title: [

Name: LUKENDA, TIMOTHY L Address: 111 W. MICHIGAN ST. City-St-Zip: MILWAUKEE, WI 53203

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: ROCH CARTER S 04/19/2010