

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000007281

**Entity Name:** PLANS' LIABILITY INSURANCE COMPANY

**Current Principal Place of Business:**

2 MID AMERICA PLAZA  
200  
OAKBROOK TERRACE, IL 60181-4712

**Current Mailing Address:**

2 MID AMERICA PLAZA  
200  
OAKBROOK TERRACE, IL 60181-4712 US

**FEI Number:** 36-3503382

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Officer/Director Detail :**

Title P  
Name BEACHAM, III, H F  
Address 2 MID AMERICA PLAZA, SUITE 200  
City-State-Zip: OAKBROOK TERRACE IL 60181-4712

Title CD  
Name BOWSER, TOM  
Address 2301 MAIN STREET  
City-State-Zip: KANSAS CITY MO 64108

Title VPT  
Name PICKAR, SUSAN  
Address 2 MID AMERICA PLAZA, SUITE 200  
City-State-Zip: OAKBROOK TERRACE IL 60181-4712

Title S  
Name CARPENTER, HENRY AVSD  
Address 2 MID AMERICA PLAZA, SUITE 200  
City-State-Zip: OAKBROOK TERRACE IL 60181-4712

*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:** HENRY A. CARPENTER

**SVP, GENERAL COUNSEL 04/29/2013  
& SECRETARY**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date