

2014 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

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date