

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005997

Entity Name: HAUSMANN-JOHNSON INSURANCE, INC.**Current Principal Place of Business:**700 REGENT STREET
MADISON, WI 53715**Current Mailing Address:**POST OFFICE BOX 259408
MADISON, WI 53725-9408**FEI Number: 39-1090217****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	CHAIRMAN
Name	HAUSMANN, TIMOTHY
Address	700 REGENT STREET
City-State-Zip:	MADISON WI 53715

Title	PRESIDENT
Name	SQUIRES, STEVEN L
Address	700 REGENT STREET
City-State-Zip:	MADISON WI 53715

Title	D
Name	HAUSMANN, JEFFREY P
Address	700 REGENT STREET
City-State-Zip:	MADISON WI 53715

Title	DS
Name	BUTLER, CRAIG
Address	700 REGENT STREET
City-State-Zip:	MADISON WI 53715

Title	T
Name	HASZ, SANDRA
Address	700 REGENT STREET
City-State-Zip:	MADISON WI 53715

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: SANDRA HASZ**VP OF FINANCE****02/08/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date