

No. <b>C 135085</b>		Due no later than Aug 31, 2015 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> FLORISTS' INSURANCE SERVICE, INC. JOAN E O'SABEN #1 HORTICULTURAL LANE PO BOX 428 EDWARDSVILLE IL 62025-0428		INCORP SERVICES, INC. 1524 S VISTA AVE STE 12 BOISE ID 83705		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	MONA B HABERER	3344 KARROS COURT	EDWARDSVILLE	IL	USA	62025
SECRETARY	KENNETH J ERLER	1800 NORTH POINT DR	STEVENS POINT	WI	USA	54481
DIRECTOR	PETER G MCPARTLAND	1800 NORTH POINT DR	STEVENS POINT	WI	USA	54481
DIRECTOR	DWAYNE A GANTZ	1800 NORTH POINT DR	STEVENS POINT	WI	USA	54481
DIRECTOR	MICHAEL J WILLIAMS	1800 NORTH POINT DR	STEVENS POINT	WI	USA	54481
DIRECTOR	KENNETH J ERLER	1800 NORTH POINT DR	STEVENS POINT	WI	USA	54481
DIRECTOR	JAMES WEISHAN	1800 NORTH POINT DR	STEVENS POINT	WI	USA	54481
5. Organized Under the Laws of:  <b>IL C 135085</b>		6. Annual Report must be signed.* Signature: JOAN E. O'SABEN Name (type or print): JOAN E. O'SABEN Date: 09/15/2015 Title: CFO, TREASURER, AND SENIOR VP				
Processed 09/15/2015		* Electronically provided signatures are accepted as original signatures.				