

No. C 135085		Due no later than Aug 31, 2018		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705		
		1. Mailing Address: Correct in this box if needed. FLORISTS' INSURANCE SERVICE, INC. JOAN E O'SABEN #1 HORTICULTURAL LANE PO BOX 428 EDWARDSVILLE IL 62025-0428		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	KIP J KOBUSSEN	1800 NORTH POINT DR	STEVENS POINT	WI	USA	54481
DIRECTOR	PETER G MCPARTLAND	1800 NORTH POINT DR	STEVENS POINT	WI	USA	54481
TREASURER	TODD M SCHROEDER	1800 NORTH POINT DR	STEVENS POINT	WI	USA	54481
DIRECTOR	JAMES E MCDONALD	1800 NORTH POINT DR	STEVENS POINT	WI	USA	54481
DIRECTOR	JOHN A BAISCH	1800 NORTH POINT DR	STEVENS POINT	WI	USA	54481
DIRECTOR	MICHAEL J WILLIAMS	1800 NORTH POINT DR	STEVENS POINT	WI	USA	54481
5. Organized Under the Laws of: IL C 135085		6. Annual Report must be signed.* Signature: Todd M Schroeder Name (type or print): Todd M Schroeder		Date: 08/01/2018 Title: Treasurer		
Processed 08/01/2018		* Electronically provided signatures are accepted as original signatures.				