

No. C 135085		Due no later than Aug 31, 2006		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 1. Mailing Address: Correct in this box if needed. FLORISTS' INSURANCE SERVICE, INC. JOAN E LEBKUECHER #1 HORTICULTURAL LANE PO BOX 428 EDWARDSVILLE IL 62025		DOUGLAS T COLWELL 304 NORTH 5TH STREET BOISE ID 83702-5907		
				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	ROBERT E MCCLELLAN, JR	7645 SHERRY CREEK ROAD	WORDEN	IL	USA	62097
SECRETARY	BRENT A BATES	3446 VICKSBURG DRIVE	EDWARDSVILLE	IL	USA	62025
DIRECTOR	M J LEIDER	511 CAMBRIDGE	LAKE BLUFF	IL	USA	60044
DIRECTOR	ROBERT E MCCLELLAN, JR	7645 SHERRY CREEK ROAD	WORDEN	IL	USA	62097
DIRECTOR	TODD L BACHMAN	26401 GALAXIE AVENUE	FARMINGTON	MN	USA	55024
DIRECTOR	LINDLEY S MANN, JR	2584 ABINGTON PIKE	RICHMOND	IN	USA	47374
DIRECTOR	JOHN S GUENTHER	724 12TH STREET UNIT 301	WILMETTE	IL	USA	60091
DIRECTOR	THERESA M MCENANEY	7420 MILITARY ROAD	WOODBURY	MN	USA	55129
DIRECTOR	THOMAS D DOAK	470 FOREST LANE	WADSWORTH	OH	USA	44281
DIRECTOR	JOHN E SMITH, JR	18 VALHALLA DRIVE	EVERGREEN	AL	USA	36401
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ILLINOIS C 135085		Signature: MONA B. HABERER		Date: 08/23/2006		
		Name (type or print): MONA B. HABERER		Title: TREASURER		
Processed 08/23/2006		* Electronically provided signatures are accepted as original signatures.				