

1.) CORPORATION NAME:

**FLORISTS' INSURANCE SERVICE, INC.**

DUE DATE: **1/31/2012**

SCC ID NO: **F1200981**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**INCorp SERVICES, INC.  
7288 HANOVER GREEN DRIVE  
MECHANICSVILLE, VA 23111**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HANOVER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 428

CITY/ST/ZIP: EDWARDSVILLE, IL 62025-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MONA B HABERER  
TITLE: P/CEO  
ADDRESS: 6 GINGER RIDGE LANE  
CITY/ST/ZIP/CO: GLEN CARBON, IL 62034-

OFFICER

DIRECTOR

NAME: KENNETH J. KRIEG  
TITLE: SR. VP  
ADDRESS: 18 GINGER CREEK RD.  
CITY/ST/ZIP/CO: GLEN CARBON, IL 62034-

OFFICER

DIRECTOR

NAME: BRENT A. BATES  
TITLE: CORP. SEC.  
ADDRESS: 3446 VICKSBURG DRIVE  
CITY/ST/ZIP/CO: EDWARDSVILLE, IL 62025-

OFFICER

DIRECTOR

NAME: JOAN E LEBKUECHER  
TITLE: T/CFO  
ADDRESS: 30 LANDS END COURT  
CITY/ST/ZIP/CO: GLEN CARBON, IL 52034-

OFFICER

DIRECTOR

NAME: PETER H. FORNOF  
TITLE: SVP  
ADDRESS: 111 CARRINGTON CT  
CITY/ST/ZIP/CO: EDWARDSVILLE, IL 62025-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CORNELIS A BOONMAN DIRECTOR 1029 ROBBINS COURT WHEATON, IL 60187-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDALL E TAGAWA DIRECTOR 17999 WELD COUNTY ROAD 4 BRIGHTON, CO 80601-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN A BAISCH DIRECTOR 39 CAMELOT DRIVE EDWARDSVILLE, IL 62025-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS B KEARNEY DIRECTOR 303 UMPAWAUG ROAD WEST REDDINT, CT 06896-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT L YOUNG DIRECTOR 3550 TRALEE COURT NAPERVILLE, IL 60564-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN B HUTTON DIRECTOR 25 LEWIS ROAD WEST GROVE, PA 19390-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT H OTSUKA DIRECTOR 3641 BAKER LANE LAFAYETTE, CA 94549-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH J YOUNG DIRECTOR 5733 EAST THOMAS ROAD SUITE 4 SCOTTSDALE, AZ 85251-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ JOAN E LEBKUECHER</u>	<u>JOAN E LEBKUECHER, T/CFO</u>	<u>1/16/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.