

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01186

FILED
Jan 09, 2012
Secretary of State

Entity Name: TRUASSURE INSURANCE COMPANY

Current Principal Place of Business:

111 SHUMAN BOULEVARD
NAPERVILLE, IL 60563

New Principal Place of Business:

Current Mailing Address:

801 OGDEN AVE.
LISLE, IL 60532

New Mailing Address:

FEI Number: 36-3757528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: GLOSSY, BERNARD J
Address: 111 SHUMAN BOULEVARD
City-St-Zip: NAPERVILLE, IL 60563

Title: S
Name: FISHER-GABLE, HAZEL
Address: 111 SHUMAN BOULEVARD
City-St-Zip: NAPERVILLE, IL 60563

Title: T
Name: BONN, STACEY
Address: 111 SHUMAN BOULEVARD
City-St-Zip: NAPERVILLE, IL 60563

Title: D
Name: HEATON, SHARON K
Address: 111 SHUMAN BOULEVARD
City-St-Zip: NAPERVILLE, IL 60563

Title: D
Name: MAGGIO, FRANK A DDS
Address: 111 SHUMAN BOULEVARD
City-St-Zip: NAPERVILLE, IL 60563

Title: D
Name: PREHEIM, PATRICIA H
Address: 111 SHUMAN BOULEVARD
City-St-Zip: NAPERVILLE, IL 60563

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: STACEY K. BONN

T

01/09/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date