

# **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01186

**FILED**  
**May 01, 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

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date