


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 847986 1. Entity Name AMERISURE INSURANCE COMPANY	
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Principal Place of Business 26777 HALSTED RD FARMINGTON HILLS, MI 48331-586 US	Mailing Address P O BOX 2060 FARMINGTON HILLS, MI 48333-060 US
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04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-1869912	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LESTER, RANDY
AMERISURE COMPANIES
140 FOUNTAIN PKWY STE 200
SAINT PETERSBURG, FL 33716

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS VINCENT, SUSAN G. 26777 HALSTED RD FARMINGTON HILLS, MI 48331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOEG, THOMAS E. 26777 HALSTED ROAD FARMINGTON HILLS, MI 48331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OLSON, D J 26777 HALSTED RD FARMINGTON HILLS, MI 48331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSSELL, RICHARD F 26777 HALSTED RD FARMINGTON HILLS, MI 48331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KINNAN, R D 26777 HALSTED RD FARMINGTON HILLS, MI 48331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURGESS, PAMELA A 26777 HALSTED RD FARMINGTON HILLS, MI 48331

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04/22/05-80003-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **D. Joseph Olson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05 248-426-7990
Date Daytime Phone #