


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90396 013 \*\*\*150.00

<b>DOCUMENT # F06000004298</b> 1. Entity Name <b>ANSUR AMERICA INSURANCE COMPANY</b>					
Principal Place of Business <b>1 MUTUAL AVENUE FRANKENMUTH, MI 48747</b>			Mailing Address <b>1 MUTUAL AVENUE FRANKENMUTH, MI 48747</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip <b>48787</b> Country		City & State  Zip <b>48787</b> Country		4. FEI Number <b>38-3467437</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>STANTON, GERALD L</b> <b>1 MUTUAL AVENUE</b> <b>FRANKENMUTH, MI 48747</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>Frankenmuth, MI 48787</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HONOLD, DAVID F</b> <b>1 MUTUAL AVENUE</b> <b>FRANKENMUTH, MI 48747</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Frankenmuth, MI 48787</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RUMMEL, JACK R</b> <b>1 MUTUAL AVENUE</b> <b>FRANKENMUTH, MI 48747</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Frankenmuth, MI 48787</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BENSON, JOHN S</b> <b>1 MUTUAL AVENUE</b> <b>FRANKENMUTH, MI 48747</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Frankenmuth, MI 48787</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>WILDS, JAMES E</b> <b>1 MUTUAL AVENUE</b> <b>FRANKENMUTH, MI 48747</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>Frankenmuth, MI 48787</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MCLEOD, BRIAN S</b> <b>1 MUTUAL AVENUE</b> <b>FRANKENMUTH, MI 48747</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD</b> <b>Frankenmuth, MI 48787</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: <u>Brian S. McLeod</u> Brian S. McLeod, VP, Secretary &amp; Treasurer 4/25/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40087864



01302007 Chg-P CR2E034 (12/06)

(989) 652-6121 X2339

# ATTACHMENT

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# F06000004298  
2007 Annual Report, State of Florida

Continued 10 & 11

## Directors and Principal Officers

### Additions/Changes

Title: VD D  
Name: Morrall M. Claramunt  
Street Address: One Mutual Avenue  
City-State-Zip: Frankenmuth, MI 48747 Frankenmuth, MI 48787

Title: V  
Name: Randall S. Trinklein  
Street Address: One Mutual Avenue  
City-State-Zip: Frankenmuth, MI 48747 Frankenmuth, MI 48787

Title: D  
Name: Drew R. Zehnder  
Street Address: One Mutual Avenue  
City-State-Zip: Frankenmuth, MI 48747 Frankenmuth, MI 48787

Title: D  
Name: David R. Johnston  
Street Address: One Mutual Avenue  
City-State-Zip: Frankenmuth, MI 48747 Frankenmuth, MI 48787

Title: D  
Name: David A. Pendleton  
Street Address: One Mutual Avenue  
City-State-Zip: Frankenmuth, MI 48747 Frankenmuth, MI 48787