

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P01186	
1. Entity Name TRUASSURE INSURANCE COMPANY	
Principal Place of Business 801 OGDEN AVE. LISLE, IL 60532	Mailing Address 801 OGDEN AVE. LISLE, IL 60532



07092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3757528	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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

U00000770312
07/24/07-80011-003 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLGAN, THOMAS J 801 OGDEN AVENUE LISLE, IL 60532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FISHER, GABLE HS 801 OGDEN AVENUE LISLE, IL 60532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBINSON, TAMERA K 801 OGDEN AVENUE LISLE, IL 60532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEATON, SHARON K 801 OGDEN AVENUE LISLE, IL 60532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAY, JAMES A DDS 801 OGDEN AVENUE LISLE, IL 60532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNISON, ROBERT E DMD 801 OGDEN AVE. LISLE, IL 60532

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/07

Date

Daytime Phone #