# Entity Name: MAIN STREET AMERICA ASSURANCE COMPANY

# **Current Principal Place of Business:**

4601 TOUCHTON ROAD EAST **SUITE 3400** JACKSONVILLE, FL 32246

DOCUMENT# P05000082257

### **Current Mailing Address:**

4601 TOUCHTON ROAD EAST **SUITE 3400** JACKSONVILLE, FL 32246

# FEI Number: 02-0405443

#### Name and Address of Current Registered Agent:

FOX, BRUCE R 4601 TOUCHTON ROAD EAST SUITE 3400 JACKSONVILLE, FL 32246 US

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

#### **Officer/Director Detail :**

Title	Р	Title	т						
Name	VAN BERKEL, THOMAS M	Name	KUHL, EDWARD J						
Address	4601 TOUCHTON RD E STE 3400	Address	4601 TOUCHTON RD E STE 3400						
City-State-Zip:	JACKSONVILLE FL 32246	City-State-Zip:	JACKSONVILLE FL 32246						
Title	S	Title	D						
Name	FOX, BRUCE R	Name	DELANEY, JOHN A						
Address	4601 TOUCHTON RD E STE 3400	Address	4601 TOUCHTON RD E STE 3400						
City-State-Zip:	JACKSONVILLE FL 32246	City-State-Zip:	JACKSONVILLE FL 32246						
Title	D	Title	DIRECTOR						
N I a sea a		Name	BAXTER, TERRY L						
Name	GUNTER, WILLIAM DJR.	Name	DAATEN, TENNTE						
Name Address	GUNTER, WILLIAM DJR. 4601 TOUCHTON RD E STE 3400	Address	4601 TOUCHTON ROAD EAST SUITE 3400						
			4601 TOUCHTON ROAD EAST SUITE 3400						
Address	4601 TOUCHTON RD E STE 3400	Address City-State-Zip:	4601 TOUCHTON ROAD EAST SUITE 3400 JACKSONVILLE FL 32246						
Address City-State-Zip:	4601 TOUCHTON RD E STE 3400 JACKSONVILLE FL 32246	Address	4601 TOUCHTON ROAD EAST SUITE 3400 JACKSONVILLE FL 32246 DIRECTOR						
Address City-State-Zip: Title	4601 TOUCHTON RD E STE 3400 JACKSONVILLE FL 32246 DIRECTOR	Address City-State-Zip: Title	4601 TOUCHTON ROAD EAST SUITE 3400 JACKSONVILLE FL 32246						

# Continues on page 2

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	BRUCE R FOX	SECRETARY	01/16/2018
	Electronic Signature of Signing Officer/Director Detail		Date

# Jan 16, 2018 Secretary of State CC9291132489

Certificate of Status Desired: Yes

Date

# **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	ELFNER, ALBERT H	Name	FREEMAN, DAVID
Address	4601 TOUCHTON ROAD EAST SUITE 3400	Address	4601 TOUCHTON ROAD EAST SUITE 3400
City-State-Zip:	JACKSONVILLE FL 32246	City-State-Zip:	JACKSONVILLE FL 32246
Title	DIRECTOR	Title	DIRECTOR
Name	KESNER, IDALENE F	Name	MORLEY, JAMES E
Address	4601 TOUCHTON ROAD EAST SUITE 3400	Address	4601 TOUCHTON ROAD EAST SUITE 3400
City-State-Zip:	JACKSONVILLE FL 32246	City-State-Zip:	JACKSONVILLE FL 32246
Title	DIRECTOR		
Name	CRUTCHFIELD, LISA		
Address	4601 TOUCHTON ROAD EAST SUITE 3400		

City-State-Zip: JACKSONVILLE FL 32246