

2018 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P16000082627

Entity Name: ASHMERE INSURANCE COMPANY**Current Principal Place of Business:**401 E. LAS OLAS BOULEVARD
SUITE 1540
FORT LAUDERDALE, FL 33301**Current Mailing Address:**401 E. LAS OLAS BOULEVARD
SUITE 1540
FORT LAUDERDALE, FL 33301 US**FEI Number:** 36-3155373**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 EAST GAINES STREET
POST OFFICE BOX 6200
TALLAHASSEE, FL 32399 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

Date

Officer/Director Detail :

Title PRESIDENT, CEO, DIRECTOR
Name SCHUVER, CHARLES K
Address 2557 BAY POINTE DRIVE
City-State-Zip: WESTON FL 33327

Title OFFICER
Name KUSHLER, FRANK
Address 401 E. LAS OLAS BOULEVARD
 SUITE 1540
City-State-Zip: FORT LAUDERDALE FL 33301

Title OFFICER
Name BALMER, LISA
Address 401 E. LAS OLAS BOULEVARD
 SUITE 1540
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR
Name FORMENTO, RONALD P
Address 120 SETTLERS DRIVE
City-State-Zip: NAPERVILLE IL 60565

Title DIRECTOR
Name BABIN, JOESPH JR.
Address 329 LEA DRIVE
City-State-Zip: WESTCHESTER PA 19382

Title COO, SECRETARY
Name ROCHE, GARY W.
Address 110 NORTH FEDERAL HIGHWAY
City-State-Zip: FORT LAUDERDALE FL 33301

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: SCHUVER , CHARLES K**PRESIDENT, CEO,
DIRECTOR****03/29/2018**

Electronic Signature of Signing Officer/Director Detail

Date