

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 827050

**FILED**  
**Jan 22, 2016**  
**Secretary of State**  
**CC4624078845**

**Entity Name:** COMPASS INSURANCE COMPANY

**Current Principal Place of Business:**

9277 CENTRE POINTE DRIVE  
SUITE 140  
WEST CHESTER, OH 45069

**Current Mailing Address:**

9277 CENTRE POINTE DRIVE  
SUITE 140  
WEST CHESTER, OH 45069 US

**FEI Number:** 13-2624826

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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 PD  
Name BLACHE, ERNEST JJR.  
Address 9277 CENTRE POINTE DRIVE, SUITE 130  
City-State-Zip: WEST CHESTER OH 45069

Title S  
Name DORNACHER, AMY K  
Address 9227 CENTRE POINTE DRIVE  
City-State-Zip: WEST CHESTER OH 45069

Title VTD  
Name SUSSMAN, GARY M  
Address 9277 CENTRE POINTE DRIVE, SUITE 140  
City-State-Zip: WEST CHESTER OH 45069

Title D  
Name HENSON, PATRICIA S  
Address 9277 CENTRE POINTE DRIVE, SUITE 140  
City-State-Zip: WEST CHESTER OH 45069

Title D  
Name GREENE, HUGH WJR  
Address 9277 CENTRE POINTE DRIVE, SUITE 140  
City-State-Zip: WEST CHESTER OH 45069

Title D  
Name MITTERHOLZER, DOUGLAS O  
Address 9227 CENTRE POINTE DRIVE  
City-State-Zip: WEST CHESTER OH 45069

Title DIRECTOR  
Name PLUSHAU, RICHARD H  
Address 9277 CENTRE POINTE DRIVE SUITE 140  
City-State-Zip: WEST CHESTER OH 45069

Title DIRECTOR  
Name THIEMKE, ALWIN H  
Address 9277 CENTRE POINTE DRIVE SUITE 140  
City-State-Zip: WEST CHESTER OH 45069

*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:** GARY M. SUSSMAN

**TREASURER**

01/22/2016

Electronic Signature of Signing Officer/Director Detail

Date