

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003499

Entity Name: ATAIN INSURANCE COMPANY**Current Principal Place of Business:**30833 NORTHWESTERN HWY.
SUITE 220
FARMINGTON HILLS, MI 48334**Current Mailing Address:**30833 NORTHWESTERN HWY.
SUITE 220
FARMINGTON HILLS, MI 48334**FEI Number:** 31-1674992**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
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	PD
Name	MULDOWNEY, DANIEL T
Address	30833 NORTHWESTERN HWY, SUITE 220
City-State-Zip:	FARMINGTON HILLS MI 48334

Title	T
Name	MARTIN, MICHAEL O
Address	30833 NORTHWESTERN HWY., STE 220
City-State-Zip:	FARMINGTON HILLS MI 48334

Title	SD
Name	HECKEL, MARILYN A
Address	30833 NORTHWESTERN HWY., STE 220
City-State-Zip:	FARMINGTON HILLS MI 48334

Title	VD
Name	PRICE, DAVID J
Address	30833 NORTHWESTERN HWY. SUITE 220
City-State-Zip:	FARMINGTON HILLS MI 48334

Title	VD
Name	CARSON, DONALD R
Address	30833 NORTHWESTERN HWY, SUITE 220
City-State-Zip:	FARMINGTON HILLS MI 48334

Title	VD
Name	CARSON, DONALD R
Address	2301 E. LAMAR BOULEVARD, 5TH FLOOR
City-State-Zip:	ARLINGTON TX 76006

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: MICHAEL O. MARTINSR. VP, TREASURER &
CFO

04/10/2015

Electronic Signature of Signing Officer/Director Detail

Date