2017 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

FILED Jan 26, 2017

Secretary of State

CC8430987541

Officer/Director Detail:

Title PRESIDENT Title VP, TREASURER, CFO
Name BATES, WAYNE A Name MARTIN, MICHAEL O

Address 30833 NORTHWESTERN HWY. Address 30833 NORTHWESTERN HWY.

SUITE 220

SUITE 220

City-State-Zip: FARMINGTON HILLS MI 48334 City-State-Zip: FARMINGTON HILLS MI 48334

 Title
 SECRETARY, DIRECTOR
 Title
 VP, DIRECTOR

 Name
 HECKEL, MARILYN A
 Name
 PRICE, DAVID J

Address 30833 NORTHWESTERN HWY. Address 30833 NORTHWESTERN HWY.

SUITE 220

SUITE 220

City-State-Zip: FARMINGTON HILLS MI 48334 City-State-Zip: FARMINGTON HILLS MI 48334

Title VP, DIRECTOR Title CEO, DIRECTOR

Name CARSON, DONALD R Name MULDOWNEY, DANIEL T

Address 2301 E. LAMAR BOULEVARD, 5TH Address 30833 NORTHWESTERN HWY.

FLOOR SUITE 220

City-State-Zip: ARLINGTON TX 76006 City-State-Zip: FARMINGTON HILLS MI 48334

Title VP Title DIRECTOR

Name MANUELIDIS, EMMANUEL E Name KAUFMAN, ALAN J

Address 30833 NORTHWESTERN HWY. Address 30833 NORTHWESTERN HWY.

SUITE 220 SUITE 220

City-State-Zip: FARMINGTON HILLS MI 48334 City-State-Zip: FARMINGTON HILLS MI 48334

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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. MARTIN

SR. V.P., TREASURER & 01/26/2017

CFO

Officer/Director Detail Continued:

Title DIRECTOR

Name SHAEVSKY, MARK

Address 30833 NORTHWESTERN HWY.

SUITE 220

City-State-Zip: FARMINGTON HILLS MI 48334

Title DIRECTOR

Name DAVIS, JODIE K

Address 30833 NORTHWESTERN HWY.

SUITE 220

City-State-Zip: FARMINGTON HILLS MI 48334

Title DIRECTOR

Name KAUFMAN, DANIEL J

Address 30833 NORTHWESTERN HWY.

SUITE 220

City-State-Zip: FARMINGTON HILLS MI 48334