

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003891

Entity Name: PROSURE INSURANCE COMPANY**Current Principal Place of Business:**1111 EAST TOUHY AVENUE
SUITE 300
DES PLAINES, IL 60018**Current Mailing Address:**1111 EAST TOUHY AVENUE
SUITE 300
DES PLAINES, IL 60018**FEI Number:** 36-2748795**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	CHAIRMAN, CEO
Name	CREEDON, RICHARD P
Address	180 GENESEE STREET
City-State-Zip:	NEW HARTFORD NY 13413

Title	PRESIDENT
Name	ANDERSON, JOHN M
Address	1111 EAST TOUHY AVENUE SUITE 300
City-State-Zip:	DES PLAINES IL 60018

Title	SR. VICE PRESIDENT
Name	MARTINEZ, ARMANDO
Address	1111 EAST TOUHY AVENUE SUITE 300
City-State-Zip:	DES PLAINES IL 60018

Title	SECRETARY
Name	RUFFINE, LOUISA S
Address	180 GENESEE STREET
City-State-Zip:	NEW HARTFORD NY 13413

Title	DIRECTOR
Name	MARTIN, KRISTEN H
Address	180 GENESEE STREET
City-State-Zip:	NEW HARTFORD NY 13413

Title	DIRECTOR
Name	COHEN, PAUL L.
Address	180 GENESEE STREET
City-State-Zip:	NEW HARTFORD NY 13413

Title	DIRECTOR
Name	GUZSKI, STEVEN P.
Address	180 GENESEE STREET
City-State-Zip:	NEW HARTFORD NY 13413

Title	DIRECTOR
Name	PORADZISZ, SHARON
Address	1111 EAST TOUHY AVENUE SUITE 300
City-State-Zip:	DES PLAINES IL 60018

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: KRISTEN H. MARTIN**DIRECTOR****03/07/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date