2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003891

Entity Name: PROSURE INSURANCE COMPANY

Current Principal Place of Business:

1350 EAST TOUHY AVENUE SUITE 200W

DES PLAINES, IL 60018-3303

Current Mailing Address:

1350 EAST TOUHY AVENUE SUITE 200W

DES PLAINES, IL 60018-3303 US

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

FILED Jan 29, 2018

Secretary of State

CC6212909132

Officer/Director Detail:

Title CHAIRMAN, CEO Title **PRESIDENT**

CREEDON, RICHARD P Name Name ANDERSON, JOHN M

Address 180 GENESEE STREET Address 1350 EAST TOUHY AVENUE

SUITE 200W

SECRETARY

City-State-Zip: NEW HARTFORD NY 13413 DES PLAINES IL 60018-3303 City-State-Zip:

Title SR. VICE PRESIDENT Title

Name MARTINEZ, ARMANDO Name RUFFINE, LOUISA S

Address 1350 EAST TOUHY AVENUE 180 GENESEE STREET Address

SUITE 200W

City-State-Zip: **NEW HARTFORD NY 13413** City-State-Zip: DES PLAINES IL 60018-3303

Title DIRECTOR Title DIRECTOR

Name COHEN, PAUL L. MARTIN, KRISTEN H Name

Address 180 GENESEE STREET Address 180 GENESEE STREET

City-State-Zip: NEW HARTFORD NY 13413 City-State-Zip: NEW HARTFORD NY 13413

Title DIRECTOR Title DIRECTOR

PORADZISZ, SHARON Name Name GUZSKI, STEVEN P.

Address 1350 EAST TOUHY AVENUE Address 180 GENESEE STREET

SUITE 200W

City-State-Zip: **NEW HARTFORD NY 13413** City-State-Zip: **DES PLAINES IL 60018-3303**

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: LOUISA S. RUFFINE

SECRETARY

01/29/2018