2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004298

Entity Name: ANSUR AMERICA INSURANCE COMPANY

Current Principal Place of Business:

ONE MUTUAL AVENUE FRANKENMUTH. MI 48787

Current Mailing Address:

ONE MUTUAL AVENUE

FRANKENMUTH, MI 48787 US

FEI Number: 38-3467437 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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: BRIAN S MCLEOD 04/23/2015

Electronic Signature of Registered Agent

Date

FILED Apr 23, 2015

Secretary of State

CC4703127356

Officer/Director Detail:

Name

WILDS, JAMES E

Title CHAIRMAN, CEO Title DIRECTOR

Name BENSON, JOHN S Name HONOLD, DAVID F

Address ONE MUTUAL AVENUE Address ONE MUTUAL AVENUE

City-State-Zip: FRANKENMUTH MI 48787 City-State-Zip: FRANKENMUTH MI 48787

Title DIRECTOR Title VP, TREASURER, SECRETARY,

DIRECTOR

Name MCLEOD, BRIAN S
Address ONE MUTUAL AVENUE

Address ONE MUTUAL AVENUE

City-State-Zip: FRANKENMUTH MI 48787 City-State-Zip: FRANKENMUTH MI 48787

Title PRESIDENT, COO, DIRECTOR Title VP

NameEDMOND, FREDERICK A JR.NameTRINKLEIN, RANDALL SAddressONE MUTUAL AVENUEAddressONE MUTUAL AVENUE

City-State-Zip: FRANKENMUTH MI 48787 City-State-Zip: FRANKENMUTH MI 48787

Title VP Title VP

Name MCCAIN, PHILIP J Name GILLELAND, BRYAN L
Address ONE MUTUAL AVENUE

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City-State-Zip: FRANKENMUTH MI 48787

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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: BRIAN S. MCLEOD

VP, TREASURER & SECRETARY

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title Title DIRECTOR

Name KNUDSEN, ANDREW H Name ZEHNDER, DREW R Address ONE MUTUAL AVENUE Address ONE MUTUAL AVENUE City-State-Zip: FRANKENMUTH MI 48787 City-State-Zip: FRANKENMUTH MI 48787

Title **DIRECTOR** Title **DIRECTOR**

Name PENDLETON, DAVID A JOHNSTON, DAVID F Name ONE MUTUAL AVENUE Address ONE MUTUAL AVENUE Address City-State-Zip: FRANKENMUTH MI 48787 City-State-Zip: FRANKENMUTH MI 48787

Title Title DIRECTOR

Name KELLY, JAMI M DAVIS, LYLE G JR. Name

Address ONE MUTUAL AVENUE ONE MUTUAL AVENUE Address City-State-Zip: FRANKENMUTH MI 48787 City-State-Zip: FRANKENMUTH MI 48787

Title

DIRECTOR Title DIRECTOR

MANDEL, SCOTT L Name ROYLES, SUSAN D Address ONE MUTUAL AVENUE Address ONE MUTUAL AVENUE

Name

City-State-Zip: FRANKENMUTH MI 48787 City-State-Zip: FRANKENMUTH MI 48787