

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001573

Entity Name: SILVEUS INSURANCE GROUP, INC.**Current Principal Place of Business:**1037 MARINERS DR.
WARSAW, IN 46582**Current Mailing Address:**1037 MARINERS DR.
WARSAW, IN 46582 US**FEI Number:** 35-2157928**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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name SILVEUS, STEVEN SCOTT
Address 1037 MARINERS DR.
City-State-Zip: WARSAW IN 46582

Title VP, DIRECTOR
Name SILVEUS, TYLER BRIAN
Address 1037 MARINERS DR.
City-State-Zip: WARSAW IN 46582

Title SECRETARY
Name SMILAY, STEVEN L.
Address 1037 MARINERS DR.
City-State-Zip: WARSAW IN 46582

Title TREASURER
Name MILLER, STEPHEN R.
Address 1037 MARINERS DR.
City-State-Zip: WARSAW IN 46582

Title DIRECTOR
Name SILVEUS, JAMES CAMERON
Address 1037 MARINERS DR.
City-State-Zip: WARSAW IN 46582

Title DIRECTOR
Name SNOW, CRAIG
Address 1037 MARINERS DR.
City-State-Zip: WARSAW IN 46582

Title DIRECTOR
Name WESTRATE, ERIN
Address 1037 MARINERS DR.
City-State-Zip: WARSAW IN 46582

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: STEVEN L. SMILAY**SECRETARY****03/21/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date