

2020 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	DIRECTOR/CEO
Name	SILVEUS, JAMES CAMERON
Address	1037 MARINERS DR.
City-State-Zip:	WARSAW IN 46582

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

Title	DIRECTOR/TREASURER/VICE-PRESIDENT
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****05/03/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date