

**2018 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
Name	SILVEUS, TYLER BRIAN
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	SILVEUS, JAMES CAMERON
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	PRESIDENT/DIRECTOR
Name	SILVEUS, STEVEN SCOTT
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****04/09/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date