

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000004682

Entity Name: ADM INSURANCE COMPANY

Current Principal Place of Business:

2555 EAST CAMELBACK ROAD, SUITE 700
PHOENIX, AZ 85016

Current Mailing Address:

76 ST. PAUL STREET, SUITE 500
VURLINGTON, VT 05401 US

FEI Number: 93-0924247

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 C P T
Name SCOTT, MICHAEL T
Address 4666 FARIES PARKWAY
City-State-Zip: DECATUR IL 62526

Title VC S
Name YOUNG, RAY GUY
Address 4666 FARIES PARKWAY
City-State-Zip: DECATUR IL 62526

Title D VP AS
Name JOY, PETER A
Address 76 ST. PAUL STREET, SUITE 500
City-State-Zip: BURLINGTON VT 05401

Title D
Name LUTHAR, VIKRAM
Address 4666 FARIES PARKWAY
City-State-Zip: DECATUR IL 62526

Title D
Name STOTT, JOHN P
Address 4666 FARIES PARKWAY
City-State-Zip: DECATUR IL 62526

Title D
Name BOERM, CHRISTOPHER
Address 4666 FARIES PARKWAY
City-State-Zip: DECATUR IL 62526

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: PETER JOY

**VICE PRESIDENT &
ASSISTANT SECRETARY**

03/10/2016

Electronic Signature of Signing Officer/Director Detail

Date