

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01186

**Entity Name:** TRUASSURE INSURANCE COMPANY

**Current Principal Place of Business:**

111 SHUMAN BOULEVARD  
NAPERVILLE, IL 60563

**Current Mailing Address:**

111 SHUMAN BOULEVARD  
NAPERVILLE, IL 60563 US

**FEI Number: 36-3757528**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

TREASURER  
200 E. GAINES STREET  
TALLAHASSEE, FL 32399-0000 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: TERRI BON**

**01/16/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            GLOSSY, BERNARD J  
Address        111 SHUMAN BOULEVARD  
City-State-Zip: NAPERVILLE IL 60563

Title            SECRETARY, DIRECTOR  
Name            BONN, STACEY KENDALL  
Address        111 SHUMAN BOULEVARD  
City-State-Zip: NAPERVILLE IL 60563

Title            TREASURER, DIRECTOR  
Name            BON, TERRI  
Address        111 SHUMAN BOULEVARD  
City-State-Zip: NAPERVILLE IL 60563

*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: TERRI BON**

**TREASURER**

**01/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date