

2016 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

02/25/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title D
Name HEATON, SHARON K
Address 111 SHUMAN BOULEVARD
City-State-Zip: NAPERVILLE IL 60563

Title D
Name WHITE, MICHAEL
Address 111 SHUMAN BOULEVARD
City-State-Zip: NAPERVILLE IL 60563

Title D
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 SUE BON

TREASURER

02/25/2016

Electronic Signature of Signing Officer/Director Detail

Date