

2019 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:

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: MADONNA CUDDIHY

04/23/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name MAPLES, JOHN THORP
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

04/23/2019

Electronic Signature of Signing Officer/Director Detail

Date