

**2015 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:** No**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

03/20/2015

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
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 S BONN

TREASURER

03/20/2015

Electronic Signature of Signing Officer/Director Detail

Date