

2013 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:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
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:**

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	S
Name	FISHER-GABLE, HAZEL
Address	111 SHUMAN BOULEVARD
City-State-Zip:	NAPERVILLE IL 60563

Title	T
Name	BONN, STACEY
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	MAGGIO, FRANK ADDS
Address	111 SHUMAN BOULEVARD
City-State-Zip:	NAPERVILLE IL 60563

Title	D
Name	PREHEIM, PATRICIA H
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: STACEY BONN**TREASURER****03/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date