

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 807994**

1. Entity Name

AMERISURE MUTUAL INSURANCE COMPANY

Principal Place of Business

**26777 HALSTED ROAD
FARMINGTON HILLS MI 48331-3586
US**

Mailing Address

**PO BOX 2060
FARMINGTON HILLS MI 48333-2060
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **38-0829210**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LESTER, RANDY
AMERISURE INSURANCE COMPANIES
6133 CENTRAL AVE
SAINT PETERSBURG FL 33710**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
VS	VINCENT, SUSAN GAILEY	26777 HALSTED RD	FARMINGTON HILLS MI 48331	☐
V	HOEG, THOMAS E	26777 HALSTED RD	FARMINGTON HILLS MI 48331	☐
V	OLSON, D J	26777 HALSTED RD	FARMINGTON HILLS MI	☐
PD	RUSSELL, RICHARD F	26777 HALSTED RD	FARMINGTON HILLS MI	☐
T	KINNAN, R D	26777 HALSTED RD	FARMINGTON HILLS MI	☐
V	BURGESS, PAMELA A	26777 HALSTED RD	FARMINGTON HILLS MI	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. Joseph Olson1/09/01
Date(248) 426-7990
Daytime Phone #

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)