2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 807994

1. Entity Name
AMERISURE MUTUAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
26777 HALSTED ROAD FARMINGTON HILLS, MI 48331-3586 US	PO BOX 2060 FARMINGTON HILLS, MI 48333-2060 US

03312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000528812
05/05/06-80052-020 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: D Joseph Olson D. Joseph Olson 4/19/06 (248) 426-7990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #