2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2010
Secretary of State

DOCUMENT# 807994

Entity Name: AMERISURE MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

26777 HALSTED ROAD
FARMINGTON HILLS, MI 483313586 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2060
FARMINGTON HILLS, MI 483332060 US

New Mailing Address:

FEI Number: 38-0829210 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VS
Name: VINCENT, SUSAN GAILEY
Address: 26777 HALSTED RD
City-St-Zip: FARMINGTON HILLS, MI 48331

Title: V
Name: HOEG, THOMAS E
Address: 26777 HALSTED RD
City-St-Zip: FARMINGTON HILLS, MI 48331

Title: V
Name: HOSTETTER, DAVID B
Address: 26777 HALSTED RD
City-St-Zip: FARMINGTON HILLS, MI 48331

Title: PD
Name: RUSSELL, RICHARD F
Address: 26777 HALSTED RD
City-St-Zip: FARMINGTON HILLS, MI

Title: T
Name: KINNAN, R D
Address: 26777 HALSTED RD
City-St-Zip: FARMINGTON HILLS, MI

Title: V
Name: MCBRIDE, ANGELA
Address: 26777 HALSTED RD
City-St-Zip: FARMINGTON HILLS, MI

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: SUSAN GAILEY VINCENT VPS 03/02/2010

Electronic Signature of Signing Officer or Director — Date