# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 31, 2003 8:00 am**
**Secretary of State**
03-31-2003 90311 037 ***150.00

DOCUMENT # 807994

1. Entity Name
AMERISURE MUTUAL INSURANCE COMPANY

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

☐ CHECK HERE IF MAKING CHANGES

| 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**

LESTER, RANDY
INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLHASSEE FL 32399

**7. Name and Address of New Registered Agent**

Name: Lester, Randy
Street Address (P.O. Box Number is Not Acceptable): Amerisure Companies
140 Fountain Parkway, Ste.#200
City: St. Petersburg **FL** Zip Code: 33716

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: Randy C. Lester 3/18/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2003 Fee will be $550.00**
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VS<br>VINCENT, SUSAN GAILEY<br>26777 HALSTED RD<br>FARMINGTON HILLS MI 48331 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>HOEG, THOMAS E<br>26777 HALSTED RD<br>FARMINGTON HILLS MI 48331 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>OLSON, D J<br>26777 HALSTED RD<br>FARMINGTON HILLS MI | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>RUSSELL, RICHARD F<br>26777 HALSTED RD<br>FARMINGTON HILLS MI | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>KINNAN, R D<br>26777 HALSTED RD<br>FARMINGTON HILLS MI | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>BURGESS, PAMELA A<br>26777 HALSTED RD<br>FARMINGTON HILLS MI | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** D Joseph Olson SIGNATURE REQUIRED D. Joseph Olson 3/21/03 (248) 426-7990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #