


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 847986</b>	
1. Entity Name <b>AMERISURE INSURANCE COMPANY</b>	

Principal Place of Business <b>26777 HALSTED RD FARMINGTON HILLS, MI 48331-586 US</b>	Mailing Address <b>P O BOX 2060 FARMINGTON HILLS, MI 48333-060 US</b>
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04032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>38-1869912</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000723084 05/02/07-80057-011 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VS VINCENT, SUSAN G. 26777 HALSTED RD FARMINGTON HILLS, MI 48331</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>V HOEG, THOMAS E. 26777 HALSTED ROAD FARMINGTON HILLS, MI 48331</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>V OLSON, D J 26777 HALSTED RD FARMINGTON HILLS, MI 48331</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PD RUSSELL, RICHARD F 26777 HALSTED RD FARMINGTON HILLS, MI 48331</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>T KINNAN, R D 26777 HALSTED RD FARMINGTON HILLS, MI 48331</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>V BURGESS, PAMELA A 26777 HALSTED RD FARMINGTON HILLS, MI 48331</b>

**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** 4/11/07 (248) 426-7990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #