

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003891

FILED
Apr 02, 2012
Secretary of State

Entity Name: PROSURE INSURANCE COMPANY

Current Principal Place of Business:

1645 EAST BIRCHWOOD AVENUE
DES PLAINES, IL 60018

New Principal Place of Business:

1111 EAST TOUHY AVENUE
SUITE 300
DES PLAINES, IL 60018

Current Mailing Address:

1645 EAST BIRCHWOOD AVENUE
DES PLAINES, IL 60018

New Mailing Address:

1111 EAST TOUHY AVENUE
SUITE 300
DES PLAINES, IL 60018

FEI Number: 36-2748795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title: C
Name: ROBINSON, J. DOUGLAS
Address: 1111 EAST TOUHY AVENUE, SUITE 300
City-St-Zip: DES PLAINES, IL 60018

Title: PD
Name: ABED, JANE M
Address: 1111 EAST TOUHY AVENUE, SUITE 300
City-St-Zip: DES PLAINES, IL 60018

Title: V
Name: MIRZA, DAVID S
Address: 1111 EAST TOUHY AVENUE, SUITE 300
City-St-Zip: DES PLAINES, IL 60018

Title: V
Name: ZITO, BARBARA
Address: 1111 EAST TOUHY AVENUE, SUITE 300
City-St-Zip: DES PLAINES, IL 60018

Title: S
Name: WARDLEY, GEORGE P
Address: 1111 EAST TOUHY AVENUE, SUITE 300
City-St-Zip: DES PLAINES, IL 60018

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: BRIAN W. MILLER

AVP

04/02/2012

Electronic Signature of Signing Officer or Director

Date