

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18038

FILED
Jan 19, 2012
Secretary of State

Entity Name: LIFESECURE INSURANCE COMPANY

Current Principal Place of Business:

10559 CITATION DRIVE
SUITE 300
BRIGHTON, MI 48116 US

New Principal Place of Business:

Current Mailing Address:

10559 CITATION DRIVE
SUITE 300
BRIGHTON, MI 48116 US

New Mailing Address:

FEI Number: 75-0956156

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

OFFICERS AND DIRECTORS:

Title: PD
Name: WENDT, EVA LISA
Address: 10559 CITATION DRIVE, SUITE 300
City-St-Zip: BRIGHTON, MI 48116 US

Title: T
Name: KELLAR, STEPHEN H
Address: 10559 CITATION DRIVE, SUITE 300
City-St-Zip: BRIGHTON, MI 48116 US

Title: S
Name: HOGAN, SARILYN
Address: 10559 CITATION DRIVE, SUITE 300
City-St-Zip: BRIGHTON, MI 48116 US

Title: D
Name: TAYLOR, S. MARTIN
Address: 10559 CITATION DRIVE, SUITE 300
City-St-Zip: BRIGHTON, MI 48116 US

Title: D
Name: GAFFNEY, MARK T
Address: 10559 CITATION DRIVE, SUITE 300
City-St-Zip: BRIGHTON, MI 48116 US

Title: D
Name: BRENNAN, ARLENE
Address: 10559 CITATION DRIVE, SUITE 300
City-St-Zip: BRIGHTON, MI 48116 US

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: STEPHEN KELLAR

CFO

01/19/2012

Electronic Signature of Signing Officer or Director

Date