

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90425 033 \*\*\*158.75

| <b>DOCUMENT # P96000033945</b>  |   |   |   |  |  |                            |  |  |   |  |  |       |      |  |       |      |  |  |   |  |  |  |  |  |   |                                 |  |   |  |  |   |                                 |  |   |  |  |   |                                 |  |  |  |  |  |  |  |   |  |  |  |                                 |  |   |  |
|---|---|---|---|--|--|----------------------------|--|--|---|--|--|-------|------|--|-------|------|--|--|---|--|--|--|--|--|---|---------------------------------|--|---|--|--|---|---------------------------------|--|---|--|--|---|---------------------------------|--|--|--|--|--|--|--|---|--|--|--|---------------------------------|--|---|--|
| <b>1. Entity Name</b><br><b>AMERITRUST INSURANCE CORPORATION</b>  |   |   |   |  |  |                            |  |  |   |  |  |       |      |  |       |      |  |  |   |  |  |  |  |  |   |                                 |  |   |  |  |   |                                 |  |   |  |  |   |                                 |  |  |  |  |  |  |  |   |  |  |  |                                 |  |   |  |
| <b>Principal Place of Business</b><br>7250 BENEVA RD<br>SARASOTA, FL 34238  |   |   | <b>Mailing Address</b><br>7250 BENEVA RD<br>SARASOTA, FL 34238  |  |  |                            |  |  |   |  |  |       |      |  |       |      |  |  |   |  |  |  |  |  |   |                                 |  |   |  |  |   |                                 |  |   |  |  |   |                                 |  |  |  |  |  |  |  |   |  |  |  |                                 |  |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>6000 CATTLERIDGE DR  |   | <b>3. Mailing Address</b><br>PO BOX 50608   |   |  |  |                            |  |  |   |  |  |       |      |  |       |      |  |  |   |  |  |  |  |  |   |                                 |  |   |  |  |   |                                 |  |   |  |  |   |                                 |  |  |  |  |  |  |  |   |  |  |  |                                 |  |   |  |
| Suite, Apt. #, etc.<br><b>STE 302</b>   |   | Suite, Apt. #, etc.   |   |  |  |                            |  |  |   |  |  |       |      |  |       |      |  |  |   |  |  |  |  |  |   |                                 |  |   |  |  |   |                                 |  |   |  |  |   |                                 |  |  |  |  |  |  |  |   |  |  |  |                                 |  |   |  |
| City & State<br><b>SARASOTA, FL</b>   |   | City & State<br><b>SARASOTA, FL</b>   |   |  |  |                            |  |  |   |  |  |       |      |  |       |      |  |  |   |  |  |  |  |  |   |                                 |  |   |  |  |   |                                 |  |   |  |  |   |                                 |  |  |  |  |  |  |  |   |  |  |  |                                 |  |   |  |
| Zip<br><b>34232-6064</b>  | Country<br><b>USA</b>   | Zip<br><b>34232-0305</b>  | Country<br><b>USA</b>   |  |  |                            |  |  |   |  |  |       |      |  |       |      |  |  |   |  |  |  |  |  |   |                                 |  |   |  |  |   |                                 |  |   |  |  |   |                                 |  |  |  |  |  |  |  |   |  |  |  |                                 |  |   |  |
| <b>4. FEI Number</b><br>65-0661585  |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable                 |  |                            |  |  |   |  |  |       |      |  |       |      |  |  |   |  |  |  |  |  |   |                                 |  |   |  |  |   |                                 |  |   |  |  |   |                                 |  |  |  |  |  |  |  |   |  |  |  |                                 |  |   |  |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>   |   |   |   | <b>\$8.75 Additional Fee Required</b>                                  |  |                            |  |  |   |  |  |       |      |  |       |      |  |  |   |  |  |  |  |  |   |                                 |  |   |  |  |   |                                 |  |   |  |  |   |                                 |  |  |  |  |  |  |  |   |  |  |  |                                 |  |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>CHIEF FINANCIAL OFFICER<br>P O BOX 6200 (32314-6200)<br>200 E. GAINES ST<br>TALLAHASSEE, FL 32399-0000  |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br><b>HEIDI J LANGE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>6000 CATTLERIDGE DR, STE 302</b><br>City<br><b>SARASOTA</b> <b>FL</b> Zip Code<br><b>34232</b> |  |  |                            |  |  |   |  |  |       |      |  |       |      |  |  |   |  |  |  |  |  |   |                                 |  |   |  |  |   |                                 |  |   |  |  |   |                                 |  |  |  |  |  |  |  |   |  |  |  |                                 |  |   |  |
| <b>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.</b><br>SIGNATURE: <b>SR VP -SOUTHEAST REGION</b> <b>4/25/07</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>   |   |   |   |  |  |                            |  |  |   |  |  |       |      |  |       |      |  |  |   |  |  |  |  |  |   |                                 |  |   |  |  |   |                                 |  |   |  |  |   |                                 |  |  |  |  |  |  |  |   |  |  |  |                                 |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>   |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |  |  |                            |  |  |   |  |  |       |      |  |       |      |  |  |   |  |  |  |  |  |   |                                 |  |   |  |  |   |                                 |  |   |  |  |   |                                 |  |  |  |  |  |  |  |   |  |  |  |                                 |  |   |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td>DP<br/>WILDE, GREGORY L<br/>26255 AMERICAN DR<br/>SOUTHFIELD, MI 48034</td> <td></td> <td></td> <td>DP<br/>MATTINGLY, JOSEPH E<br/>26255 AMERICAN DR<br/>SOUTHFIELD, MI 48034</td> <td></td> </tr> <tr> <td></td> <td>SVC<br/>COSTELLO, MICHAEL G<br/>26255 AMERICAN DR<br/>SOUTHFIELD, MI 48034</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td></td> <td>DV<br/>FORT, RANDOLPH W<br/>26255 AMERICAN DR<br/>SOUTHFIELD, MI 48034</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td>D<br/>SEGAL, MERTON J<br/>26255 AMERICAN DR<br/>SOUTHFIELD, MI 48034</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td></td> <td>DVT<br/>DIVINE, STEVEN C<br/>26255 AMERICAN DR SOUTHFIELD, MI 48034</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td>DCOB<br/>CUBBIN, ROBERT S<br/>26255 AMERICAN DR<br/>SOUTHFIELD, MI 48034</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td></td> <td>DV<br/>ALLEN, KENN R<br/>26255 AMERICAN DR, SOUTHFIELD, MI 48034</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td>AVAS<br/>O'SHEA, MICHAEL E<br/>26255 AMERICAN DR<br/>SOUTHFIELD, MI 48034</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td></td> <td>DV<br/>MCINTYRE, ARCHIE S<br/>26255 AMERICAN DR, SOUTHFIELD, MI 48034</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td>DVT<br/>SPAUN, KAREN M<br/>26255 AMERICAN DR<br/>SOUTHFIELD, MI 48034</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td></td> <td>DV<br/>WILLIAMS, ANGELO L<br/>26255 AMERICAN DR, SOUTHFIELD, MI 48034</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> </table> |   |   |   |  |  | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | NAME | <input checked="" type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  | DP<br>WILDE, GREGORY L<br>26255 AMERICAN DR<br>SOUTHFIELD, MI 48034 |  |  | DP<br>MATTINGLY, JOSEPH E<br>26255 AMERICAN DR<br>SOUTHFIELD, MI 48034 |  |  | SVC<br>COSTELLO, MICHAEL G<br>26255 AMERICAN DR<br>SOUTHFIELD, MI 48034 | <input type="checkbox"/> Delete |  | DV<br>FORT, RANDOLPH W<br>26255 AMERICAN DR<br>SOUTHFIELD, MI 48034 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  | D<br>SEGAL, MERTON J<br>26255 AMERICAN DR<br>SOUTHFIELD, MI 48034 | <input type="checkbox"/> Delete |  | DVT<br>DIVINE, STEVEN C<br>26255 AMERICAN DR SOUTHFIELD, MI 48034 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  | DCOB<br>CUBBIN, ROBERT S<br>26255 AMERICAN DR<br>SOUTHFIELD, MI 48034 | <input type="checkbox"/> Delete |  | DV<br>ALLEN, KENN R<br>26255 AMERICAN DR, SOUTHFIELD, MI 48034 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  | AVAS<br>O'SHEA, MICHAEL E<br>26255 AMERICAN DR<br>SOUTHFIELD, MI 48034 | <input checked="" type="checkbox"/> Delete |  | DV<br>MCINTYRE, ARCHIE S<br>26255 AMERICAN DR, SOUTHFIELD, MI 48034 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  | DVT<br>SPAUN, KAREN M<br>26255 AMERICAN DR<br>SOUTHFIELD, MI 48034 | <input type="checkbox"/> Delete |  | DV<br>WILLIAMS, ANGELO L<br>26255 AMERICAN DR, SOUTHFIELD, MI 48034 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |                            |  |  |   |  |  |       |      |  |       |      |  |  |   |  |  |  |  |  |   |                                 |  |   |  |  |   |                                 |  |   |  |  |   |                                 |  |  |  |  |  |  |  |   |  |  |  |                                 |  |   |  |
| TITLE   | NAME  | <input checked="" type="checkbox"/> Delete  | TITLE   | NAME   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |  |       |      |  |  |   |  |  |  |  |  |   |                                 |  |   |  |  |   |                                 |  |   |  |  |   |                                 |  |  |  |  |  |  |  |   |  |  |  |                                 |  |   |  |
|   | DP<br>WILDE, GREGORY L<br>26255 AMERICAN DR<br>SOUTHFIELD, MI 48034     |   |   | DP<br>MATTINGLY, JOSEPH E<br>26255 AMERICAN DR<br>SOUTHFIELD, MI 48034 |  |                            |  |  |   |  |  |       |      |  |       |      |  |  |   |  |  |  |  |  |   |                                 |  |   |  |  |   |                                 |  |   |  |  |   |                                 |  |  |  |  |  |  |  |   |  |  |  |                                 |  |   |  |
|   | SVC<br>COSTELLO, MICHAEL G<br>26255 AMERICAN DR<br>SOUTHFIELD, MI 48034 | <input type="checkbox"/> Delete   |   | DV<br>FORT, RANDOLPH W<br>26255 AMERICAN DR<br>SOUTHFIELD, MI 48034    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |  |       |      |  |  |   |  |  |  |  |  |   |                                 |  |   |  |  |   |                                 |  |   |  |  |   |                                 |  |  |  |  |  |  |  |   |  |  |  |                                 |  |   |  |
|   | D<br>SEGAL, MERTON J<br>26255 AMERICAN DR<br>SOUTHFIELD, MI 48034       | <input type="checkbox"/> Delete   |   | DVT<br>DIVINE, STEVEN C<br>26255 AMERICAN DR SOUTHFIELD, MI 48034      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |  |       |      |  |  |   |  |  |  |  |  |   |                                 |  |   |  |  |   |                                 |  |   |  |  |   |                                 |  |  |  |  |  |  |  |   |  |  |  |                                 |  |   |  |
|   | DCOB<br>CUBBIN, ROBERT S<br>26255 AMERICAN DR<br>SOUTHFIELD, MI 48034   | <input type="checkbox"/> Delete   |   | DV<br>ALLEN, KENN R<br>26255 AMERICAN DR, SOUTHFIELD, MI 48034         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |  |       |      |  |  |   |  |  |  |  |  |   |                                 |  |   |  |  |   |                                 |  |   |  |  |   |                                 |  |  |  |  |  |  |  |   |  |  |  |                                 |  |   |  |
|   | AVAS<br>O'SHEA, MICHAEL E<br>26255 AMERICAN DR<br>SOUTHFIELD, MI 48034  | <input checked="" type="checkbox"/> Delete  |   | DV<br>MCINTYRE, ARCHIE S<br>26255 AMERICAN DR, SOUTHFIELD, MI 48034    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |  |       |      |  |  |   |  |  |  |  |  |   |                                 |  |   |  |  |   |                                 |  |   |  |  |   |                                 |  |  |  |  |  |  |  |   |  |  |  |                                 |  |   |  |
|   | DVT<br>SPAUN, KAREN M<br>26255 AMERICAN DR<br>SOUTHFIELD, MI 48034      | <input type="checkbox"/> Delete   |   | DV<br>WILLIAMS, ANGELO L<br>26255 AMERICAN DR, SOUTHFIELD, MI 48034    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |  |       |      |  |  |   |  |  |  |  |  |   |                                 |  |   |  |  |   |                                 |  |   |  |  |   |                                 |  |  |  |  |  |  |  |   |  |  |  |                                 |  |   |  |
| <b>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 persons empowered.</b><br><b>SIGNATURE:</b> <b>4/26/07 248-224-8025</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   |   |  |  |                            |  |  |   |  |  |       |      |  |       |      |  |  |   |  |  |  |  |  |   |                                 |  |   |  |  |   |                                 |  |   |  |  |   |                                 |  |  |  |  |  |  |  |   |  |  |  |                                 |  |   |  |