2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# P96000033945

Entity Name: AMERITRUST INSURANCE CORPORATION

Current Principal Place of Business:

6000 CATTLERIDGE DR
SUITE 302
SARASOTA, FL 342326064

New Principal Place of Business:

26255 AMERICAN DRIVE
SOUTHFIELD, MI 480346112

Current Mailing Address:

P.O. BOX 50608
SARASOTA, FL 342320305

New Mailing Address:

26255 AMERICAN DRIVE
SOUTHFIELD, MI 480346112

FEI Number: 65-0661585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANGELLA, HEIDI J
6000 CATTLERIDGE DR., STE 302
SARASOTA, FL 34232 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MATTINGLY, JOSEPH
Address: 26255 AMERICAN DR
City-St-Zip: SOUTHFIELD, MI 48034

Title: SVCS ( ) Delete
Name: COSTELLO, MICHAEL G
Address: 26255 AMERICAN DR
City-St-Zip: SOUTHFIELD, MI 48034

Title: D ( ) Delete
Name: SEGAL, MERTON J
Address: 26255 AMERICAN DR
City-St-Zip: SOUTHFIELD, MI 48034

Title: DCOB ( ) Delete
Name: CUBBIN, ROBERT S
Address: 26255 AMERICAN DR
City-St-Zip: SOUTHFIELD, MI 48034

Title: DV ( ) Delete
Name: FORT, RANDOLPH
Address: 26255 AMERICAN DR.
City-St-Zip: SOUTHFIELD, MI 48034

Title: DVT ( ) Delete
Name: SPAUN, KAREN M
Address: 26255 AMERICAN DR
City-St-Zip: SOUTHFIELD, MI 48034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KELLY FREEMAN AVP 04/22/2008

Electronic Signature of Signing Officer or Director — Date