

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000033945

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: AMERITRUST INSURANCE CORPORATION

## Current Principal Place of Business:

26255 AMERICAN DRIVE  
SOUTHFIELD, MI 480346112

## New Principal Place of Business:

## Current Mailing Address:

26255 AMERICAN DRIVE  
SOUTHFIELD, MI 480346112

## New Mailing Address:

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 CATTLEDGE 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: DT (X) Change ( ) Addition  
Name: DIVINE, STEVE  
Address: 26255 AMERICAN DR  
City-St-Zip: SOUTHFIELD, MI 48034

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: MICHAEL COSTELLO

SVCS

04/28/2009

Electronic Signature of Signing Officer or Director

Date