

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004716

Entity Name: SUN SURETY INSURANCE COMPANY**Current Principal Place of Business:**21 MAIN STREET
RAPID CITY, SD 57701**Current Mailing Address:**PO BOX 2373
RAPID CITY, SD 57709**FEI Number:** 41-1906268**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
TALLAHASSEE, FL 32399 US*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**Officer/Director Detail :**

Title	C/D
Name	WOOD, WILLIAM R
Address	21 MAIN STREET
City-State-Zip:	RAPID CITY SD 57701

Title	P/D
Name	WOOD, PATRICK E
Address	21 MAIN STREET
City-State-Zip:	RAPID CITY SD 57701

Title	V/D
Name	WOOD, MICHAEL D
Address	21 MAIN STREET
City-State-Zip:	RAPID CITY SD 57701

Title	STD
Name	ADAMS, KELLY D
Address	21 MAIN STREET
City-State-Zip:	RAPID CITY SD 57701

Title	D
Name	WOOD, SHERRY K
Address	21 MAIN STREET
City-State-Zip:	RAPID CITY SD 57701

Title	D
Name	KAUP, JOHN J
Address	21 MAIN STREET
City-State-Zip:	RAPID CITY SD 57701

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: KELLY D. ADAMS**SECRETARY-TREASURER** 04/28/2015_____
Electronic Signature of Signing Officer/Director Detail_____
Date