## 2025 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

FILED Apr 23, 2025

**Secretary of State** 

7575684905CC

Officer/Director Detail:

Title C/D Title P/D

NameWOOD, WILLIAM RNameWOOD, PATRICK EAddress21 MAIN STREETAddress21 MAIN STREET

City-State-Zip: RAPID CITY SD 57701 City-State-Zip: RAPID CITY SD 57701

Title V/D Title STD

Name WOOD, MICHAEL D Name ADAMS, KELLY D

Address 21 MAIN STREET Address 21 MAIN STREET

City-State-Zip: RAPID CITY SD 57701 City-State-Zip: RAPID CITY SD 57701

Title D Title C

Name WOOD, SHERRY K Name KAUP, JOHN J

Address 21 MAIN STREET Address 1868 LOMBARDY DRIVE

City-State-Zip: RAPID CITY SD 57701 City-State-Zip: RAPID CITY SD 57703

Title DIRECTOR

Name WOOD, CHASE P.
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 ADAMS

Electronic Signature of Signing Officer/Director Detail

SECRETARY-TREASURER 04/23/2025

Date