

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000001005

**Entity Name:** ELIXIR INSURANCE COMPANY

**Current Principal Place of Business:**

7835 FREEDOM AVENUE NW  
NORTH CANTON, OH 44720

**Current Mailing Address:**

7835 FREEDOM AVENUE NW  
SUITE 100  
NORTH CANTON, OH 44720 US

**FEI Number:** 20-4308924

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           DIRECTOR  
Name           LOWELL, SUSAN CATHERINE  
Address        30 HUNTER LANE  
City-State-Zip: CAMP HILL PA 17011

Title           SECRETARY  
Name           KEMPKER, MITCHELL  
Address        7835 FREEDOM AVENUE NW  
City-State-Zip: NORTH CANTON OH 44720

Title           CEO, DIRECTOR  
Name           DUPAUL, CHRISTOPHER  
Address        7835 FREEDOM AVENUE NW  
City-State-Zip: NORTH CANTON OH 44720

Title           CFO, DIRECTOR  
Name           GREENBLATT, RAND  
Address        7835 FREEDOM AVENUE NW  
City-State-Zip: NORTH CANTON OH 44720

Title           DIRECTOR  
Name           STANIFORTH, KAREN  
Address        7835 FREEDOM AVENUE NW  
City-State-Zip: NORTH CANTON OH 44720

*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:** MITCHELL KEMPKER

**SECRETARY**

**04/21/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date