

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15310

Entity Name: TRISURA INSURANCE COMPANY

Current Principal Place of Business:

210 PARK AVE. SUITE 1400
OKLAHOMA CITY, OK 73102

Current Mailing Address:

210 PARK AVE. SUITE 1400
OKLAHOMA CITY, OK 73102 US

FEI Number: 95-2743743

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 PRESIDENT, DIRECTOR
Name BEASLEY, MICHAEL
Address 210 PARK AVE. SUITE 1400
City-State-Zip: OKLAHOMA CITY OK 73102

Title EXECUTIVE VICE PRESIDENT,
 TREASURER, DIRECTOR
Name SWEENEY, EILEEN
Address 210 PARK AVE. SUITE 1400
City-State-Zip: OKLAHOMA CITY OK 73102

Title SECRETARY
Name KOECKY, PAUL
Address 210 PARK AVE. SUITE 1400
City-State-Zip: OKLAHOMA CITY OK 73102

Title DIRECTOR
Name DOYLE, JIMMY
Address 210 PARK AVENUE
 SUITE 1400
City-State-Zip: OKLAHOMA CITY OK 73102

Title DIRECTOR
Name CLARE, DAVID
Address 210 PARK AVENUE
 SUITE 1400
City-State-Zip: OKLAHOMA CITY OK 73102

Title DIRECTOR
Name SCOTLAND, DAVID
Address 210 PARK AVENUE
 SUITE 1400
City-State-Zip: OKLAHOMA CITY OK 73102

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: PAUL KOECKY

SECRETARY

04/20/2022

Electronic Signature of Signing Officer/Director Detail

Date