2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15310

Entity Name: TRISURA INSURANCE COMPANY

Current Principal Place of Business:

210 PARK AVENUE **SUITE 1400**

OKLAHOMA CITY, OK 73102

Current Mailing Address:

210 PARK AVENUE **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:

Name

Electronic Signature of Registered Agent

Date

FILED Feb 08, 2024

Secretary of State

2543313559CC

Officer/Director Detail:

PRESIDENT, DIRECTOR Title Title DIRECTOR, TREASURER, EXECUTIVE

VICE PRESIDENT BEASLEY, MICHAEL

Name Name SWEENEY, EILEEN Address

210 PARK AVENUE Address 210 PARK AVENUE **SUITE 1400**

SUITE 1400

OKLAHOMA CITY OK 73102 City-State-Zip: City-State-Zip: OKLAHOMA CITY OK 73102

Title **SECRETARY** Title **DIRECTOR**

KOECKY, PAUL Name Name DOYLE, JIMMY Address 210 PARK AVENUE

Address 210 PARK AVENUE **SUITE 1400**

SUITE 1400 OKLAHOMA CITY OK 73102

City-State-Zip: OKLAHOMA CITY OK 73102 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR**

CLARE, DAVID SCOTLAND, DAVID Name Address

210 PARK AVENUE Address 210 PARK AVENUE

SUITE 1400 SUITE 1400

OKLAHOMA CITY OK 73102 City-State-Zip: 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.

02/08/2024 SIGNATURE: PAUL KOECKY **SECRETARY**