

**2020 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:** 95-2743473

**Certificate of Status Desired:** Yes

**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, CEO AND DIRECTOR  
Name            BEASLEY, MICHAEL B.  
Address        210 PARK AVE. SUITE 1400  
City-State-Zip: OKLAHOMA CITY OK 73102

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

Title            SECRETARY AND COO  
Name            KOPECKY, PAUL R.  
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:** EILEEN M. SWEENEY

**EXECUTIVE VICE  
PRESIDENT**

**06/08/2020**

Electronic Signature of Signing Officer/Director Detail

Date