

1.) CORPORATION NAME:

Amerisure Mutual Insurance Company

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RICHARD A SAUNDERS
FURNISS DAVIS ET AL 6160 KEMPSVILLE CIR
SMITHFIELD BLDG STE 341-B**

SCC ID NO: **F0081564**

NORFOLK, VA 23502

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,001,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

NORFOLK CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 26777 HALSTED ROAD

CITY/ST/ZIP: FARMINGTON HILLS, MI 48331

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	RICHARD F RUSSELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	6295 BLOOMFIELD GLENS		
CITY/ST/ZIP/CO:	W BLOOMFIELD, MI 48322		

NAME:	PAMELA A BURGESS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4848 RAMBLING DRIVE		
CITY/ST/ZIP/CO:	TROY, MI 48098		

NAME:	GERALD K CHIDDICK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6743 FLEMMING CR DR		
CITY/ST/ZIP/CO:	SUPERIOR TOWNSHIP, MI 48198		

NAME:	GREGORY J CRABB	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	18730 CLAIRMONT CIRCLE WEST		
CITY/ST/ZIP/CO:	NORTHVILLE, MI 48168		

NAME:	MICHAEL M DIETERLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	47202 WHITE PINES DRIVE		
CITY/ST/ZIP/CO:	NOVI, MI 48374		

NAME:	DANIEL J GRAF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	45000 DROCTON		
CITY/ST/ZIP/CO:	NOVI, MI 48375		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANGELA M MCBRIDE VICE PRESIDENT 1051 DEVONSHIRE GROSSE POINTE PARK, MI 48230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL S O'ROURKE VICE PRESIDENT 540 BERWYN BIRMINGHAM, MI 48009	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW J SIMON TREASURER 412 ROSARIO LANE WHITE LAKE, MI 48366	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DON A SMITH VICE PRESIDENT 54021 TRENT RIVER DRIVE SHELBY TOWNSHIP, MI 48315	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD H WAGNER VICE PRESIDENT 1288 DORCHESTER BIRMINGHAM, MI 48009	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN GAILEY VINCENT SECRETARY 1787 SHEFFIELD BIRMINGHAM, MI 48009	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN BATCHELOR DIRECTOR 26116 WYOMING HUNTINGTON WOODS, MI 48070	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT K BURGESS DIRECTOR 39420 N TOM MORRIS RD SCOTTSDALE, AZ 85262	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES B COE DIRECTOR 2000 HERON ISLAND WAY WADMALAW ISLAND, SC 29487	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS R HERRICK DIRECTOR 3601 WEST THIRTEEN MILE ROAD ROYAL OAK, MI 48073-6769	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILLIP E LOVE, JR DIRECTOR 224 WOOD DUCK ROAD COLUMBIA, SC 29223	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES B NICHOLSON DIRECTOR 222 CLOVERLY GROSSE POINTE FARMS, MI 48236	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BETTINA M WHYTE DIRECTOR 6295 N ASPEN DRIVE JACKSON, WY 83001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AMY L HENNING VICE PRESIDENT 21962 ROXBURY NOVI, MI 48374	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ SUSAN GAILEY VINCENT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SUSAN GAILEY VINCENT, SECRETARY PRINTED NAME AND CORPORATE TITLE	11/14/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			