

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211519278

1.) CORPORATION NAME:

**AMERISURE INSURANCE COMPANY**

DUE DATE: **9/30/2011**

SCC ID NO: **F0416497**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**RICHARD A. SAUNDERS  
6160 KEMPSVILLE CIRCLE  
SMITHFIELD BLDG., STE. 341-B**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000,000

**NORFOLK, VA 23502**

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 48331-3586

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.

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

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

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GREGORY J. CRABB	
TITLE:	VP/CHIEF ADM O	
ADDRESS:	18730 CLAIRMONT CIRCLE WEST	
CITY/ST/ZIP/CO:	NORTHVILLE, MI 48168-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SUSAN GAILEY VINCENT	
TITLE:	SECRETARY	
ADDRESS:	1787 SHEFFIELD	
CITY/ST/ZIP/CO:	BIRMINGHAM, MI 48009-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MATTHEW JOSEPH SIMON	
TITLE:	TREASURER	
ADDRESS:	412 ROSARIO LANE	
CITY/ST/ZIP/CO:	WHITE LAKE, MI 48386-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL MEEMAN DIETERLE VICE PRESIDENT 47202 WHITE PINES DRIVE NOVI, MI 48374-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL JOSEPH GRAF VICE PRESIDENT 45000 DROCTON CT NOVI, MI 48375-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL SHAWN OROURKE VICE PRESIDENT 540 BERWYN BIRMINGHAM, MI 48009-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GERALD KEVIN CHIDDICK VICE PRESIDENT 6743 FLEMMING CR DR SUPERIOR TOWNSHIP, MI 48198-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DON ARTHUR 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:	ANGELA MARY 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:	EDWARD HARRIS WAGNER VICE PRESIDENT 1288 DORCHESTER 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:	PHILLIP EUGENE LOVE 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 BRUCE NICHOLSON DIRECTOR 222 CLOVERLY GROSSE POINTE FARMS, MI 48236-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: THOMAS ADDEN PLAYER TITLE: DIRECTOR ADDRESS: 90 WAKEFIELD DR CITY/ST/ZIP/CO: ATLANTA, GA 30309-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BETTINA MARIE WHYTE TITLE: DIRECTOR ADDRESS: 6295 N ASPEN DRIVE CITY/ST/ZIP/CO: JACKSON, WY 83001-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ROBERT KENNETH BURGESS TITLE: DIRECTOR ADDRESS: 1015 N GLENGARRY RD CITY/ST/ZIP/CO: BLOOMFIELD HILLS, MI 48301-	<input type="checkbox"/> OFFICER <input checked="" 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	8/26/2011 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.		