

1.) CORPORATION NAME:

Ansur America Insurance Company

DUE DATE: **10/31/2011**

SCC ID NO: **F1488966**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX ROAD STE 301

GLEN ALLEN, VA 23060

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE MUTUAL AVE

CITY/ST/ZIP: FRANKENMUTH, MI 48787-0001

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: JOHN S BENSON
TITLE: P/CEO
ADDRESS: ONE MUTUAL AVE
CITY/ST/ZIP/CO: FRANKENMUTH, MI 48787-0001

OFFICER

DIRECTOR

NAME: GERALD L STANTON
TITLE: CHRMN OTB
ADDRESS: ONE MUTUAL AVE
CITY/ST/ZIP/CO: FRANKENMUTH, MI 48787-0001

OFFICER

DIRECTOR

NAME: JAMES E WILDS
TITLE: SR VP
ADDRESS: ONE MUTUAL AVE
CITY/ST/ZIP/CO: FRANKENMUTH, MI 48787-0001

OFFICER

DIRECTOR

NAME: BRIAN S MCLEOD
TITLE: VP/T/S
ADDRESS: ONE MUTUAL AVE
CITY/ST/ZIP/CO: FRANKENMUTH, MI 48787-0001

OFFICER

DIRECTOR

NAME: MORRALL M CLARAMUNT
TITLE: BD DIR
ADDRESS: ONE MUTUAL AVE
CITY/ST/ZIP/CO: FRANKENMUTH, MI 48787-0001

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDALL S TRINKLEIN VICE PRESIDENT ONE MUTUAL AVE FRANKENMUTH, MI 48787-0001	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID F HONOLD SR VP ONE MUTUAL AVE FRANKENMUTH, MI 48787-0001	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID R JOHNSTON DIRECTOR ONE MUTUAL AVE FRANKENMUTH, MI 48787-0001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FREDERICK A EDMOND JR VICE PRESIDENT ONE MUTUAL AVE FRANKENMUTH, MI 48787-0001	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILIP J MCCAIN VICE PRESIDENT ONE MUTUAL AVE FRANKENMUTH, MI 48787-0001	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRYAN L GILLELAND VICE PRESIDENT ONE MUTUAL AVE FRANKENMUTH, MI 48787-0001	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID A PENDLETON DIRECTOR ONE MUTUAL AVE FRANKENMUTH, MI 48787-0001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACK R RUMMEL DIRECTOR ONE MUTUAL AVE FRANKENMUTH, MI 48787-0001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DREW R ZEHNDER DIRECTOR ONE MUTUAL AVE FRANKENMUTH, MI 48787-0001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LYLE G DAVIS JR DIRECTOR ONE MUTUAL AVE FRANKENMUTH, MI 48787-0001	<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.

<u>/s/ BRIAN S MCLEOD</u>	<u>BRIAN S MCLEOD, VP/T/S</u>	<u>9/13/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.