

1.) CORPORATION NAME:

DUE DATE: **10/31/2013**

Ansur America Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1488966**

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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.

| | | |
|---|---|--|
| <p>NAME: JOHN S BENSON TITLE: CHRMN OTB/P/CEO ADDRESS: ONE MUTUAL AVE CITY/ST/ZIP/CO: FRANKENMUTH, MI 48787-0001</p> | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: FREDERICK A EDMOND JR TITLE: SR VP ADDRESS: ONE MUTUAL AVE CITY/ST/ZIP/CO: FRANKENMUTH, MI 48787-0001</p> | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: DAVID F HONOLD TITLE: DIRECTOR ADDRESS: ONE MUTUAL AVE CITY/ST/ZIP/CO: FRANKENMUTH, MI 48787-0001</p> | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: BRIAN S MCLEOD TITLE: VP/T/S ADDRESS: ONE MUTUAL AVE CITY/ST/ZIP/CO: FRANKENMUTH, MI 48787-0001</p> | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: JAMES E WILDS TITLE: DIRECTOR ADDRESS: ONE MUTUAL AVE CITY/ST/ZIP/CO: FRANKENMUTH, MI 48787-0001</p> | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: BRYAN L GILLELAND TITLE: VICE PRESIDENT ADDRESS: ONE MUTUAL AVE CITY/ST/ZIP/CO: FRANKENMUTH, MI 48787-0001</p> | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |

| | |
|--|---|
| NAME: PHILIP J MCCAIN TITLE: VICE PRESIDENT ADDRESS: ONE MUTUAL AVE CITY/ST/ZIP/CO: FRANKENMUTH, MI 48787-0001 | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: RANDALL S TRINKLEIN TITLE: VICE PRESIDENT ADDRESS: ONE MUTUAL AVE CITY/ST/ZIP/CO: FRANKENMUTH, MI 48787-0001 | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: MORRALL M CLARAMUNT TITLE: DIRECTOR ADDRESS: ONE MUTUAL AVE CITY/ST/ZIP/CO: FRANKENMUTH, MI 48787-0001 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: LYLE G DAVIS JR TITLE: DIRECTOR ADDRESS: ONE MUTUAL AVE CITY/ST/ZIP/CO: FRANKENMUTH, MI 48787-0001 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: DAVID R JOHNSTON TITLE: DIRECTOR ADDRESS: ONE MUTUAL AVE CITY/ST/ZIP/CO: FRANKENMUTH, MI 48787-0001 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: DAVID A PENDLETON TITLE: DIRECTOR ADDRESS: ONE MUTUAL AVE CITY/ST/ZIP/CO: FRANKENMUTH, MI 48787-0001 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: DREW R ZEHNDER TITLE: DIRECTOR ADDRESS: ONE MUTUAL AVE CITY/ST/ZIP/CO: FRANKENMUTH, MI 48787-0001 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ANDREW H KNUDSEN TITLE: VICE PRESIDENT ADDRESS: ONE MUTUAL AVE CITY/ST/ZIP/CO: FRANKENMUTH, MI 48787-0001 | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: JAMI M KELLY TITLE: VICE PRESIDENT ADDRESS: ONE MUTUAL AVE CITY/ST/ZIP/CO: FRANKENMUTH, VA 48787-0001 | <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/ BRIAN S MCLEOD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | BRIAN S MCLEOD, VP/T/S PRINTED NAME AND CORPORATE TITLE |
| 10/28/2013 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. | |