

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001573

FILED
Jan 03, 2012
Secretary of State

Entity Name: SILVEUS INSURANCE GROUP, INC.

Current Principal Place of Business:

1037 MARINERS DRIVE
WARSAW, IN 46582

New Principal Place of Business:

Current Mailing Address:

1037 MARINERS DRIVE
WARSAW, IN 46582

New Mailing Address:

FEI Number: 35-2157928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: SILVEUS, STEVEN SCOTT
Address: 1037 MARINERS DRIVE
City-St-Zip: WARSAW, IN 46582

Title: VD
Name: SILVEUS, JAMES CAMERON
Address: 1037 MARINERS DRIVE
City-St-Zip: WARSAW, IN 46582

Title: VD
Name: SILVEUS, TYLER BRIAN
Address: 1037 MARINERS DRIVE
City-St-Zip: WARSAW, IN 46582

Title: S
Name: SMILAY, STEVEN L
Address: 1037 MARINERS DRIVE
City-St-Zip: WARSAW, IN 46582

Title: T
Name: CHAUNCEY, BRAD
Address: 1037 MARINERS DRIVE
City-St-Zip: WARSAW, IN 46582

Title: CEO
Name: SNOW, CRAIG
Address: 1037 MARINERS DRIVE
City-St-Zip: WARSAW, IN 46582

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: STEVEN L SMILAY

_____ Electronic Signature of Signing Officer or Director

SECR

01/03/2012

_____ Date