

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000001573

**Entity Name:** SILVEUS INSURANCE GROUP, INC.

**Current Principal Place of Business:**

1037 MARINERS DRIVE  
WARSAW, IN 46582

**Current Mailing Address:**

1037 MARINERS DRIVE  
WARSAW, IN 46582

**FEI Number: 35-2157928**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

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

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

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

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

Title CEO  
Name SNOW, CRAIG  
Address 1037 MARINERS DRIVE  
City-State-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**

**SECRETARY**

**02/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date