

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819510

FILED
Jan 05, 2011
Secretary of State

Entity Name: CIM INSURANCE CORPORATION

Current Principal Place of Business:

300 GALLERIA OFFICENTRE
STE. 200
SOUTHFIELD, MI 48034 US

New Principal Place of Business:

Current Mailing Address:

300 GALLERIA OFFICENTRE
STE. 200
SOUTHFIELD, MI 48034 US

New Mailing Address:

FEI Number: 13-6194249 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: P
Name: CALLAHAN, THOMAS D
Address: 300 GALLERIA OFFICENTRE, STE 200
City-St-Zip: SOUTHFIELD, MI 48034

Title: AS
Name: HALSEY, KURT
Address: 300 GALLERIA OFFICENTRE, STE 200
City-St-Zip: SOUTHFIELD, MI 48034

Title: AT
Name: HARPER, JAMES
Address: 300 GALLERIA OFFICENTRE, STE 200
City-St-Zip: SOUTHFIELD, MI 48034

Title: T
Name: FOSTER, DAVID B
Address: 300 GALLERIA OFFICENTRE STE. 200
City-St-Zip: SOUTHFIELD, MI 48034

Title: S
Name: QUENNEVILLE, CATHY L
Address: 200 RENAISSANCE CENTER
City-St-Zip: DETROIT, MI 48265

Title: AS
Name: DONNAY, ROBERT L
Address: 300 GALLERIA OFFICENTRE, STE 200
City-St-Zip: SOUTHFIELD, MI 48034

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: ROBERT DONNAY

AS

01/05/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date