


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90092 032 \*\*\*150.00

0555666

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # F98000003752**

1. Corporation Name  
**FRANKENMUTH MUTUAL INSURANCE COMPANY**

Principal Place of Business ONE MUTUAL AVENUE. FRANKENMUTH MI 48787	Mailing Address ONE MUTUAL AVENUE FRANKENMUTH MI 48787
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified <b>07/01/1998</b>	Applied For Not Applicable
4. FEI Number <b>38-0555290</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
 CAPITOL  
 TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STANTON, GERALD L	
STREET ADDRESS	ONE MUTUAL AVENUE	
CITY-ST-ZIP	FRANKENMUTH MI	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BENSON, JOHN S	
STREET ADDRESS	ONE MUTUAL AVENUE	
CITY-ST-ZIP	FRANKENMUTH MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HONOLD, DAVID F	
STREET ADDRESS	ONE MUTUAL AVENUE	
CITY-ST-ZIP	FRANKENMUTH MI	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	CLARAMUNT, MORRALL M	
STREET ADDRESS	ONE MUTUAL AVENUE	
CITY-ST-ZIP	FRANKENMUTH MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WEBB, GERALD C	
STREET ADDRESS	ONE MUTUAL AVENUE	
CITY-ST-ZIP	FRANKENMUTH MI	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	KERN, HARVEY E	
STREET ADDRESS	ONE MUTUAL AVENUE	
CITY-ST-ZIP	FRANKENMUTH MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Shantz, Kent B.	
1.3 STREET ADDRESS	One Mutual Avenue	
1.4 CITY-ST-ZIP	Frankenmuth, MI 48787-0001	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John S. Benson* SIGNATURE REQUIRED March 15, 1999 (517)652-6121 x 315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: John S. Benson, Treasurer & CEO Date: Daytime Phone #

CR2E034 (1/198)