


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90140 030 ***150.00

DOCUMENT # F98000003752 1. Entity Name FRANKENMUTH MUTUAL INSURANCE COMPANY	
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Principal Place of Business ONE MUTUAL AVENUE FRANKENMUTH, MI 48787	Mailing Address ONE MUTUAL AVENUE FRANKENMUTH, MI 48787
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 38-0555290	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC STANTON, GERALD L ONE MUTUAL AVENUE FRANKENMUTH, MI 48787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENSON, JOHN S ONE MUTUAL AVENUE FRANKENMUTH, MI 48787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HONOLD, DAVID F ONE MUTUAL AVENUE FRANKENMUTH, MI 48787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CLARAMUNT, MORRALL M ONE MUTUAL AVENUE FRANKENMUTH, MI 48787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEBB, GERALD C ONE MUTUAL AVENUE FRANKENMUTH, MI 48787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILDS, JAMES E ONE MUTUAL AVENUE FRANKENMUTH, MI 48787

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brian S. McLeod 4-10-05 (989) 652-6121 X2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Brian S. McLeod

ATTACHMENT H0666521
F9800003752

**2005 Annual Report, State of Florida
Additions to Item 11,
Directors and Principal Officers**

Title: VT
Name: Brian S. McLeod
Street Address: One Mutual Avenue
City-State-Zip: Frankenmuth, MI 48787-0001

Title: V
Name: Randall S. Trinklein
Street Address: One Mutual Avenue
City-State-Zip: Frankenmuth, MI 48787-0001

Title: D
Name: Drew R. Zehnder
Street Address: One Mutual Avenue
City-State-Zip: Frankenmuth, MI 48787-0001

Title: D
Name: David R. Johnston
Street Address: One Mutual Avenue
City-State-Zip: Frankenmuth, MI 48787-0001

Title: D
Name: David A. Pendleton
Street Address: One Mutual Avenue
City-State-Zip: Frankenmuth, MI 48787-0001

Title: D
Name: Jack R. Rummel
Street Address: One Mutual Avenue
City-State-Zip: Frankenmuth, MI 48787-0001