# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -7 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P27645 (1)

1. Corporation Name

GREAT MIDWEST INSURANCE COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 325 84TH STR SW<br>BYRON CENTER MI 49315<br>US | 820 GESSNER RD<br>STE 150<br>HOUSTON TX 77024-4258<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/09/1990

3a. Date of Last Report: 04/04/1994

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)

4. FEI Number: 76-0154296 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
THE 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 FL 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 _____ DATE

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | THOMAS, RAYMOND L. | 1.2 NAME | |
| STREET ADDRESS | 820 GESSNER 150 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOUSTON TX | 1.4 CITY-ST-ZIP | |
| TITLE | V | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | POSTON, PAUL E. | 2.2 NAME | |
| STREET ADDRESS | 820 GESSNER 150 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOUSTON TX | 2.4 CITY-ST-ZIP | |
| TITLE | ST | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | HARTMANN-LINCK, SUZANNE | 3.2 NAME | |
| STREET ADDRESS | 820 GESSNER 150 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOUSTON TX | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | VAN DAM, WAYNE A | 4.2 NAME | |
| STREET ADDRESS | 3635 148TH AVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | HAMILTON MI | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | HOOD, ROBERT L. | 5.2 NAME | |
| STREET ADDRESS | 333 ALBERT, #500 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | E. LANSING MI | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | BARNABY, MERLE S. | 6.2 NAME | |
| STREET ADDRESS | 325 84TH STREET | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | BYRON CENTER MI | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Suzanne Hartmann-Linck 3/2/95 713-973-0226

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER Suzanne Hartmann-Linck — Date — Daytime Phone #

0478706 FP