FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P27645** **(1)**

1. Corporation Name

GREAT MIDWEST INSURANCE COMPANY

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

2. Principal Place of Business 21
Suite, Apt #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt #, etc. 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualified: 01/09/1990
3a. Date of Last Report: 03/07/1995
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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P NAME: THOMAS, RAYMOND L. STREET ADDRESS: 820 GESSNER 150 CITY-ST-ZIP: HOUSTON TX	☐ DELETE	1.1 TITLE: P/D 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE: V NAME: POSTON, PAUL E. STREET ADDRESS: 820 GESSNER 150 CITY-ST-ZIP: HOUSTON TX	☐ DELETE	2.1 TITLE: V/D 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE: ST NAME: HARTMANN-LINCK, SUZANNE STREET ADDRESS: 820 GESSNER 150 CITY-ST-ZIP: HOUSTON TX	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D NAME: VAN DAM, WAYNE A STREET ADDRESS: 3635 146TH AVE CITY-ST-ZIP: HAMILTON MI	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS: 325 84th Street S.W. 4.4 CITY-ST-ZIP: Byron Center, MI 49315	☒ Change ☐ Addition
TITLE: D NAME: HOOD, ROBERT L. STREET ADDRESS: 333 ALBERT, #500 CITY-ST-ZIP: E. LANSING MI	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D NAME: BARNABY, MERLE S. STREET ADDRESS: 325 84TH STREET CITY-ST-ZIP: BYRON CENTER MI	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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)(k), 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 — 1/24/96 — 713-973-0226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Suzanne Hartmann-Linck

CR2E034 (12/95)