

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90549 025 ***150.00

DOCUMENT # F98000003752

1. Entity Name

FRANKENMUTH MUTUAL INSURANCE COMPANY

Principal Place of Business

Mailing Address

**ONE MUTUAL AVENUE
 FRANKENMUTH MI 48787**

**ONE MUTUAL AVENUE
 FRANKENMUTH MI 48787-0001**

648905



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-0555290

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
 NAME **STANTON, GERALD L**
 STREET ADDRESS **ONE MUTUAL AVENUE**
 CITY-ST-ZIP **FRANKENMUTH MI**

TITLE **V** Change Addition
 NAME **SHANTZ, KENT B**
 STREET ADDRESS **ONE MUTUAL AVENUE**
 CITY-ST-ZIP **FRANKENMUTH MI**

TITLE **T** Delete
 NAME **BENSON, JOHN S**
 STREET ADDRESS **ONE MUTUAL AVENUE**
 CITY-ST-ZIP **FRANKENMUTH MI**

TITLE **VD** Change Addition
 NAME **HONOLD, DAVID F**
 STREET ADDRESS **ONE MUTUAL AVENUE**
 CITY-ST-ZIP **FRANKENMUTH MI**

TITLE **V** Delete
 NAME **HONOLD, DAVID F**
 STREET ADDRESS **ONE MUTUAL AVENUE**
 CITY-ST-ZIP **FRANKENMUTH MI**

TITLE **D** Change Addition
 NAME **PENDLETON, DAVID A**
 STREET ADDRESS **ONE MUTUAL AVENUE**
 CITY-ST-ZIP **FRANKENMUTH MI**

TITLE **VSD** Delete
 NAME **CLARAMUNT, MORRALL M**
 STREET ADDRESS **ONE MUTUAL AVENUE**
 CITY-ST-ZIP **FRANKENMUTH MI**

TITLE **D** Change Addition
 NAME **REHMANN, JACK J**
 STREET ADDRESS **ONE MUTUAL AVENUE**
 CITY-ST-ZIP **FRANKENMUTH MI**

TITLE **V** Delete
 NAME **WEBB, GERALD C**
 STREET ADDRESS **ONE MUTUAL AVENUE**
 CITY-ST-ZIP **FRANKENMUTH MI**

TITLE **D** Change Addition
 NAME **ZEHNDER, DREW R**
 STREET ADDRESS **ONE MUTUAL AVENUE**
 CITY-ST-ZIP **FRANKENMUTH MI**

TITLE **CD** Delete
 NAME **KERN, HARVEY E**
 STREET ADDRESS **ONE MUTUAL AVENUE**
 CITY-ST-ZIP **FRANKENMUTH MI**

TITLE **D** Change Addition
 NAME **JOHNSTON, DAVID R**
 STREET ADDRESS **ONE MUTUAL AVENUE**
 CITY-ST-ZIP **FRANKENMUTH MI**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

John S. Benson

John S. Benson, Treasurer & CFO 4/17/00 (517)652-6121 x311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #