

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**  
 05-10-2001 90200 023 \*\*\*150.00

0603394

**DOCUMENT # F98000003752**

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

Principal Place of Business <b>ONE MUTUAL AVENUE          FRANKENMUTH MI 48787</b>	Mailing Address <b>ONE MUTUAL AVENUE          FRANKENMUTH MI 48787</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

4. FEI Number **38-0555290** Applied For  Not Applicable

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STANTON, GERALD L ONE MUTUAL AVENUE FRANKENMUTH MI <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENSON, JOHN S ONE MUTUAL AVENUE FRANKENMUTH MI <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HONOLD, DAVID F ONE MUTUAL AVENUE FRANKENMUTH MI <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CLARAMUNT, MORRALL M ONE MUTUAL AVENUE FRANKENMUTH MI <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEBB, GERALD C ONE MUTUAL AVENUE FRANKENMUTH MI <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KERN, HARVEY E ONE MUTUAL AVENUE FRANKENMUTH MI <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Brian S. McLeod Brian S. McLeod, Treasurer 4-26-01 517-652-6121x339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment

Doc. # 6052083  
F98000003752

11. OFFICERS AND DIRECTORS

12.

ADDITIONS

TITLE		TITLE	D
NAME		NAME	MCLEOD, BRIAN S
STREET ADDRESS		STREET ADDRESS	ONE MUTUAL AVENUE
CITY-ST-ZIP		CITY-ST-ZIP	FRANKENMUTH, MI

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

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

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

TITLE	D	TITLE	
NAME	SHANTZ, KENT B	NAME	
STREET ADDRESS	ONE MUTUAL AVENUE	STREET ADDRESS	
CITY-ST-ZIP	FRANKENMUTH, MI	CITY-ST-ZIP	

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