

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003752

1. Entity Name
FRANKENMUTH MUTUAL INSURANCE COMPANY

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90200 023 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business ONE MUTUAL AVENUE FRANKENMUTH MI 48787	Mailing Address ONE MUTUAL AVENUE FRANKENMUTH MI 48787
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 38-0555290	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>
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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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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

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: <u>Brian S. McLeod</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Brian S. McLeod, Treasurer	4-26-01	517-652-6121x339
		Date	Daytime Phone #

0603394

CR2E034 (10/00)

Attachment

Doc. # 6052083
F98000003752

11. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

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

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

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

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

12.

ADDITIONS

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DELETE