

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90127 004 ***150.00

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1. Entity Name
FRANKENMUTH MUTUAL INSURANCE COMPANY



Principal Place of Business
**ONE MUTUAL AVENUE
 FRANKENMUTH, MI 48787**

Mailing Address
**ONE MUTUAL AVENUE
 FRANKENMUTH, MI 48787**

94084047



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FET Number 38-0555290	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
 IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC STANTON, GERALD L ONE MUTUAL AVENUE FRANKENMUTH, MI 48787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENSON, JOHN S ONE MUTUAL AVENUE FRANKENMUTH, MI 48787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HONOLD, DAVID F ONE MUTUAL AVENUE FRANKENMUTH, MI 48787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CLARAMUNT, MORRALL M ONE MUTUAL AVENUE FRANKENMUTH, MI 48787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEBB, GERALD C ONE MUTUAL AVENUE FRANKENMUTH, MI 48787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILDS, JAMES E ONE MUTUAL AVENUE FRANKENMUTH, MI 48787

**DO NOT WRITE
 IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brian S. McLeod
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-04 (989) 652-6121 x2339
Date Daytime Phone #

Brian S. McLeod

