

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-04-2004 90127 004 ***150.00

DOCUMENT # F98000003752

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)

4. FEI Number
38-0555290

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 DC
NAME STANTON, GERALD L
STREET ADDRESS ONE MUTUAL AVENUE
CITY-ST-ZIP FRANKENMUTH, MI 48787

TITLE PD
NAME BENSON, JOHN S
STREET ADDRESS ONE MUTUAL AVENUE
CITY-ST-ZIP FRANKENMUTH, MI 48787

TITLE VD
NAME HONOLD, DAVID F
STREET ADDRESS ONE MUTUAL AVENUE
CITY-ST-ZIP FRANKENMUTH, MI 48787

TITLE VSD
NAME CLARAMUNT, MORRALL M
STREET ADDRESS ONE MUTUAL AVENUE
CITY-ST-ZIP FRANKENMUTH, MI 48787

TITLE V
NAME WEBB, GERALD C
STREET ADDRESS ONE MUTUAL AVENUE
CITY-ST-ZIP FRANKENMUTH, MI 48787

TITLE VD
NAME WILDS, JAMES E
STREET ADDRESS ONE MUTUAL AVENUE
CITY-ST-ZIP 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

2004 Annual Report, State of Florida
Additions to Item 11,
Directors and Principal Officers

la F98000003752

Title: VT
Name: Brian S. McLeod
Street Address: One Mutual Avenue
City-State-Zip: Frankenmuth, MI 48787-0001

Title: D
Name: Drew R. Zehnder
Street Address: One Mutual Avenue
City-State-Zip: Frankenmuth, MI 48787-0001

Title: D
Name: David R. Johnston
Street Address: One Mutual Avenue
City-State-Zip: Frankenmuth, MI 48787-0001

Title: D
Name: David A. Pendleton
Street Address: One Mutual Avenue
City-State-Zip: Frankenmuth, MI 48787-0001

Title: D
Name: Jack R. Rummel
Street Address: One Mutual Avenue
City-State-Zip: Frankenmuth, MI 48787-0001