

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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Secretary of State

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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**

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-0555290

5. Certificate of Status Desired **\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 exemptions contained in Chapter 119, 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 **Brian S. McLeod** 3/24/06 (989) 652-6121 Ext. 2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40049082
F9800000 3752

**2006 Annual Report, State of Florida
Additions to Item 11,
Directors and Principal Officers**

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

Title: V
Name: Randall S. Trinklein
Street Address: One Mutual Avenue
City-State-Zip: Frankenmuth, MI 48787-0001

Title: V
Name: Frederick A. Edmond, Jr.
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