


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90396 014 \*\*\*150.00

<b>DOCUMENT # F98000003752</b>					
1. Entity Name <b>FRANKENMUTH MUTUAL INSURANCE COMPANY</b>					
Principal Place of Business <b>ONE MUTUAL AVENUE FRANKENMUTH, MI 48787</b>			Mailing Address <b>ONE MUTUAL AVENUE FRANKENMUTH, MI 48787</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>38-0555290</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when restateating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC STANTON, GERALD L ONE MUTUAL AVENUE FRANKENMUTH, MI 48787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENSON, JOHN S ONE MUTUAL AVENUE FRANKENMUTH, MI 48787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HONOLD, DAVID F ONE MUTUAL AVENUE FRANKENMUTH, MI 48787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CLARAMUNT, MORRALL M ONE MUTUAL AVENUE FRANKENMUTH, MI 48787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEBB, GERALD C ONE MUTUAL AVENUE FRANKENMUTH, MI 48787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILDS, JAMES E ONE MUTUAL AVENUE FRANKENMUTH, MI 48787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Brian S. McLeod</u> <b>Brian S. McLeod, VP, Secretary &amp; Treasurer 4/25/07</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40087863



04242007 Chg-P CR2E034 (12/06)

(989) 652-6121-X2339

ATTACHMENT  
40087863  
# F98 000003752  
2007 Annual Report, State of Florida  
Continued 10 & 11  
Directors and Principal Officers

**Additions/Changes**  
VSTD

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