


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90036 007 ***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	
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 38-0555290	
		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		7. Name and Address of New Registered Agent Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation	
		FL Zip Code 33324	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANTON, GERALD L	NAME	
STREET ADDRESS	ONE MUTUAL AVENUE	STREET ADDRESS	
CITY-ST-ZIP	FRANKENMUTH, MI 48787	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, JOHN S	NAME	
STREET ADDRESS	ONE MUTUAL AVENUE	STREET ADDRESS	
CITY-ST-ZIP	FRANKENMUTH, MI 48787	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONOLD, DAVID F	NAME	
STREET ADDRESS	ONE MUTUAL AVENUE	STREET ADDRESS	
CITY-ST-ZIP	FRANKENMUTH, MI 48787	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARAMUNT, MORRALL M	NAME	
STREET ADDRESS	ONE MUTUAL AVENUE	STREET ADDRESS	
CITY-ST-ZIP	FRANKENMUTH, MI 48787	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, GERALD C	NAME	
STREET ADDRESS	ONE MUTUAL AVENUE	STREET ADDRESS	
CITY-ST-ZIP	FRANKENMUTH, MI 48787	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILDS, JAMES E	NAME	
STREET ADDRESS	ONE MUTUAL AVENUE	STREET ADDRESS	
CITY-ST-ZIP	FRANKENMUTH, MI 48787	CITY-ST-ZIP	
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: <i>Brian S. McLeod</i>		Brian S. McLeod, VP, Secretary & Treasurer 4/15/08 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
		Date Daytime Phone #	



04082008 Chg-P CR2E034 (12/06)

ATTACHMENT 40098346
F98000003752

**2008 Annual Report, State of Florida
Continued 10 & 11
Directors and Principal Officers**

Title: VSTD
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