

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91448 011 ***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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-0555290**

Applied For
Not Applicable

Zip
48787-0001

Country

Zip
48787-0001

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

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 _____ 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC STANTON, GERALD L ONE MUTUAL AVENUE FRANKENMUTH MI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BENSON, JOHN S ONE MUTUAL AVENUE FRANKENMUTH MI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HONOLD, DAVID F ONE MUTUAL AVENUE FRANKENMUTH MI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CLARAMUNT, MORRALL M ONE MUTUAL AVENUE FRANKENMUTH MI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEBB, GERALD C ONE MUTUAL AVENUE FRANKENMUTH MI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	48787-0001	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	48787-0001	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	48787-0001	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	48787-0001	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D James E. Wilds One Mutual Avenue Frankenmuth, MI 48787-0001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 M. [Signature]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-2003 (989)652-6121 ext.2339
Date Daytime Phone #

CR2E034 (10/02)

Attachment

90113139
#F98000003752

**2003 Uniform Business Report, State of Florida
Additions to Item 11,
Directors and Principal Officers**

Title: T
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