## 2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 819510** 

**Entity Name: CIM INSURANCE CORPORATION** 

**Current Principal Place of Business:** 

300 GALLERIA OFFICENTRE

STE. 200

SOUTHFIELD, MI 48034

## **Current Mailing Address:**

300 GALLERIA OFFICENTRE

STE. 200

SOUTHFIELD, MI 48034 US

FEI Number: 13-6194249 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST

TALLAHASSEE, FL 32399-0000 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Apr 02, 2013

**Secretary of State** 

CC0246928853

Officer/Director Detail:

Title P Title AS

Name CALLAHAN, THOMAS D Name HALSEY, KURT

Address 300 GALLERIA OFFICENTRE, STE 200 Address 300 GALLERIA OFFICENTRE, STE 200

City-State-Zip: SOUTHFIELD MI 48034 City-State-Zip: SOUTHFIELD MI 48034

Title AT Title T

Name HARPER, JAMES Name KOELLNER, KERRI A

Address 300 GALLERIA OFFICENTRE, STE 200 Address 300 GALLERIA OFFICENTRE

SUITE 200

City-State-Zip: SOUTHFIELD MI 48034 City-State-Zip: SOUTHFIELD MI 48034

Title S Title AS

Name QUENNEVILLE, CATHY L Name JUSZKOWSKI, ROBERT

Address 200 RENAISSANCE CENTER Address 300 GALLERIA OFFICENTRE, STE 200

City-State-Zip: DETROIT MI 48265

City-State-Zip: SOUTHFIELD MI 48034

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.