

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 819510

**FILED  
Mar 11, 2016  
Secretary of State  
CC6735722759**

**Entity Name:** CIM INSURANCE CORPORATION

**Current Principal Place of Business:**

300 GALLERIA OFFICENTRE  
STE. 200  
SOUTHFIELD, MI 48034

**Current Mailing Address:**

200 RENAISSANCE CENTER  
482 B09 C24  
DETROIT, MI 48265 US

**FEI Number:** 13-6194249

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
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

**Officer/Director Detail :**

Title P  
Name TIMMERMAN, DOUGLAS  
Address 300 GALLERIA OFFICENTRE, STE 200  
City-State-Zip: SOUTHFIELD MI 48034

Title T  
Name KOELLNER, KERRI A  
Address 300 GALLERIA OFFICENTRE  
SUITE 200  
City-State-Zip: SOUTHFIELD MI 48034

Title S  
Name QUENNEVILLE, CATHY L  
Address 200 RENAISSANCE CENTER  
City-State-Zip: DETROIT MI 48265

Title AS  
Name TAYLOR, BARBARA  
Address 200 RENAISSANCE CENTER  
City-State-Zip: DETROIT MI 48265

*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.*

**SIGNATURE:** BARBARA TAYLOR

**ASSISTANT SECRETARY 03/11/2016**

Electronic Signature of Signing Officer/Director Detail

Date