

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819510

Entity Name: CIM INSURANCE CORPORATION

Current Principal Place of Business:

500 WOODWARD AVENUE
16TH FLOOR
DETROIT, MI 48226

Current Mailing Address:

500 WOODWARD AVENUE
10TH FLOOR
DETROIT, MI 48226 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, DIRECTOR
Name TIMMERMAN, DOUGLAS
Address 500 WOODWARD AVENUE
16TH FLOOR
City-State-Zip: DETROIT MI 48226

Title T, DIRECTOR
Name KOELLNER, KERRI A
Address 500 WOODWARD AVENUE
16TH FLOOR
City-State-Zip: DETROIT MI 48226

Title AS
Name TAYLOR, BARBARA
Address 500 WOODWARD AVENUE
10TH FLOOR
City-State-Zip: DETROIT MI 48226

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 01/06/2017

Electronic Signature of Signing Officer/Director Detail

Date