

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 819510

**FILED**  
**Apr 08, 2022**  
**Secretary of State**  
**3271406626CC**

**Entity Name:** CIM INSURANCE CORPORATION

**Current Principal Place of Business:**

500 WOODWARD AVENUE  
DETROIT, MI 48226

**Current Mailing Address:**

500 WOODWARD AVENUE  
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 DIRECTOR, VP  
Name KOELLNER, KERRI A  
Address 500 WOODWARD AVENUE  
City-State-Zip: DETROIT MI 48226

Title SECRETARY  
Name JEFFREY A., BELISLE  
Address 500 WOODWARD AVENUE  
City-State-Zip: DETROIT MI 48226

Title TREASURER, VP, DIRECTOR  
Name HEATH, JASON J.  
Address 500 WOODWARD AVENUE  
City-State-Zip: DETROIT MI 48226

Title DIRECTOR  
Name DAVID A., HOLLAND  
Address 500 WOODWARD AVENUE  
14TH FLOOR  
City-State-Zip: DETROIT MI 48226

Title DIRECTOR, VP  
Name RICHARD P., LOWE  
Address 500 WOODWARD AVENUE  
14TH FLOOR  
City-State-Zip: DETROIT MI 48226

Title DIRECTOR  
Name KRISTEN, ROHRBAUGH  
Address 500 WOODWARD AVENUE  
14TH FLOOR  
City-State-Zip: DETROIT MI 48226

Title DIRECTOR  
Name DANIEL D., SOTO  
Address 500 WOODWARD AVENUE  
14TH FLOOR  
City-State-Zip: DETROIT MI 48226

Title PRESIDENT  
Name ELLER, DANIEL  
Address 500 WOODWARD AVENUE  
City-State-Zip: DETROIT MI 48226

**Continues on page 2**

*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:** KATZ, JEFFREY S.

**ASSISTANT TREASURER** 04/08/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name GARRONI, GABRIEL  
Address 500 WOODWARD AVENUE  
City-State-Zip: DETROIT MI 48226

Title ASSISTANT TREASURER  
Name KATZ, JEFFREY S  
Address 500 WOODWARD AVENUE  
City-State-Zip: DETROIT MI 48226