

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 848708

**Entity Name:** KRAFT LAKE INSURANCE AGENCY, INC.**Current Principal Place of Business:**5600 BEECH TREE LANE  
GRAND RAPIDS, MI 49316**Current Mailing Address:**P.O. BOX 2450  
TAX DEPARTEMENT  
GRAND RAPIDS, MI 49501**FEI Number:** 38-2336672**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	T, VP
Name	PEPPER, JEFFREY L
Address	5600 BEECH TREE LANE
City-State-Zip:	CALEDONIA MI 49316

Title	P, D
Name	BOSHOVEN, STEPHEN J
Address	5600 BEECH TREE LANE
City-State-Zip:	CALEDONIA MI 49316

Title	AS
Name	HOHL, DOREN E
Address	4680 WILSHIRE BLVD
City-State-Zip:	LOS ANGELES CA 90010

Title	DIRECTOR
Name	MARLIN, DALE A
Address	1575 CAPADARO CT
City-State-Zip:	MONUMENT CO 80132

Title	VP
Name	SADLER, ROBERT D
Address	4680 WILSHIRE BLVD
City-State-Zip:	LOS ANGELES CA 90010

Title	S
Name	BROWN, MARTIN R
Address	5600 BEECH TREE LANE
City-State-Zip:	CALEDONIA MI 49316

Title	VP, D
Name	MYHAN, RONALD G
Address	4680 WILSHIRE BLVD
City-State-Zip:	LOS ANGELES CA 90010

Title	DIRECTOR
Name	LOUIE, DAVID W
Address	1741 N BENTON WAY
City-State-Zip:	LOS ANGELES CA 90026

**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:** JEFFREY L PEPPER**TREASURER****01/24/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name RODRIGUEZ, DONALD E  
Address 3635 LONG BEACH BLVD  
City-State-Zip: LONG BEACH CA 90807

Title DIRECTOR  
Name BENTLEY, KENNETH W  
Address 800 N BRAND BLVD  
City-State-Zip: GLENDALE CA 91203

Title DIRECTOR  
Name WUO, JOHN T  
Address 75 N SANTA ANITA SUITE 106  
City-State-Zip: ARCADIA CA 91006

Title DIRECTOR  
Name KAPLAN, PETER D  
Address 9711 ST IVES DR  
City-State-Zip: LOS ANGELES CA 90069