

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000003752

**FILED**  
**Apr 11, 2016**  
**Secretary of State**  
**CC3522824223**

**Entity Name:** FRANKENMUTH MUTUAL INSURANCE COMPANY

**Current Principal Place of Business:**

ONE MUTUAL AVENUE  
FRANKENMUTH, MI 48787

**Current Mailing Address:**

ONE MUTUAL AVENUE  
FRANKENMUTH, MI 48787 US

**FEI Number:** 38-0555290

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** JOHN LANG

04/11/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN, CEO  
Name BENSON, JOHN S  
Address ONE MUTUAL AVENUE  
City-State-Zip: FRANKENMUTH MI 48787

Title DIRECTOR  
Name HONOLD, DAVID F  
Address ONE MUTUAL AVENUE  
City-State-Zip: FRANKENMUTH MI 48787

Title DIRECTOR  
Name WILDS, JAMES E  
Address ONE MUTUAL AVENUE  
City-State-Zip: FRANKENMUTH MI 48787

Title VP, TREASURER, SECRETARY,  
DIRECTOR  
Name MCLEOD, BRIAN S  
Address ONE MUTUAL AVENUE  
City-State-Zip: FRANKENMUTH MI 48787

Title PRESIDENT, COO, DIRECTOR  
Name EDMOND, FREDERICK A JR.  
Address ONE MUTUAL AVENUE  
City-State-Zip: FRANKENMUTH MI 48787

Title VP  
Name TRINKLEIN, RANDALL S  
Address ONE MUTUAL AVENUE  
City-State-Zip: FRANKENMUTH MI 48787

Title VP  
Name MCCAIN, PHILIP J  
Address ONE MUTUAL AVENUE  
City-State-Zip: FRANKENMUTH MI 48787

Title VP  
Name GILLELAND, BRYAN L  
Address ONE MUTUAL AVENUE  
City-State-Zip: FRANKENMUTH MI 48787

**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:** BRIAN S. MCLEOD

**VP, TREASURER &  
SECRETARY**

04/11/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name KNUDSEN, ANDREW H  
Address ONE MUTUAL AVENUE  
City-State-Zip: FRANKENMUTH MI 48787

Title DIRECTOR  
Name PENDLETON, DAVID A  
Address ONE MUTUAL AVENUE  
City-State-Zip: FRANKENMUTH MI 48787

Title VP  
Name KELLY, JAMI M  
Address ONE MUTUAL AVENUE  
City-State-Zip: FRANKENMUTH MI 48787

Title DIRECTOR  
Name MANDEL, SCOTT L  
Address ONE MUTUAL AVENUE  
City-State-Zip: FRANKENMUTH MI 48787

Title DIRECTOR  
Name ZEHNDER, DREW R  
Address ONE MUTUAL AVENUE  
City-State-Zip: FRANKENMUTH MI 48787

Title DIRECTOR  
Name DAVIS, LYLE G JR.  
Address ONE MUTUAL AVENUE  
City-State-Zip: FRANKENMUTH MI 48787

Title DIRECTOR  
Name ROYLES, SUSAN D  
Address ONE MUTUAL AVENUE  
City-State-Zip: FRANKENMUTH MI 48787