

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003752

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

04/06/2017

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 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

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

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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. MCLEODVP, TREASURER &
SECRETARY

04/06/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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