

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1-3

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 1. Corporation Name	807994	(9)
MICHIGAN MUTUAL INSURANCE COMPANY		

Principal Place of Business	Mailing Address
25200 Telegraph Southfield, MI 48034	P.O. Box 5110 Southfield, MI 48086-5110

2. Principal Place of Business 21 25200 Telegraph 22 Suite, Apt. #, etc. 23 Southfield, MI 24 Zip 48034 25 Country U.S.A.	2a. Mailing Address 26 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
--	---

3. Date Incorporated or Qualified	3a. Date of Last Report 4/24/95
4. FEI Number 38-0829210	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent FLORIDA INSURANCE COMMISSIONER STATE TREASURER'S OFFICE, STATE CAPITOL TALLAHASSEE, FL 32399-0300
--

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
--

11. Pursuant to the provisions of Sections 607.0607 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature typed or printed name, date, place of birth, and state of domicile) (date) (signature typed or printed name, date, place of birth, and state of domicile) (date)

12. OFFICERS AND DIRECTORS	
TITLE	☒ DELETE
NAME	V
STREET ADDRESS	ANGELL, CHARLES M.
CITY-ST-ZIP	25200 TELEGRAPH
	SOUTHFIELD MI 48034
TITLE	☒ DELETE
NAME	T
STREET ADDRESS	STONER, DONALD J.
CITY-ST-ZIP	25200 TELEGRAPH
	SOUTHFIELD, MI 48034
TITLE	☐ DELETE
NAME	VS
STREET ADDRESS	VINCENT, SUSAN G.
CITY-ST-ZIP	28 W. ADAMS STREET
	DETROIT, MI 00000
TITLE	☐ DELETE
NAME	V
STREET ADDRESS	HOEG, THOMAS E.
CITY-ST-ZIP	26777 HALSTED ROAD
	FARMINGTON HILLS, MI 48331-3586
TITLE	☐ DELETE
NAME	V
STREET ADDRESS	LOUGHRAN, ROGER A.
CITY-ST-ZIP	25200 TELEGRAPH
	SOUTHFIELD, MI 48034
TITLE	☒ DELETE
NAME	PD
STREET ADDRESS	WORTMAN J. JOHN
CITY-ST-ZIP	28 W. ADAMS STREET
	DETROIT, MI 48226

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	25200 TELEGRAPH
34 CITY-ST-ZIP	SOUTHFIELD, MI 48034
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	500001842865
54 CITY-ST-ZIP	-05/28/96--01099--003
61 TITLE	☐ Change ☐ Addition
62 NAME	***200.00
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **SUSAN GAILEY VINCENT** 4/29/96 (810) 827-9635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

5/1/95

807994

2-3

MICHIGAN MUTUAL INSURANCE COMPANY

(cont. of Item #12 Officers and Directors)

7.1 TITLE	P/COO/D
7.2 NAME	RUSSELL, RICHARD F.
7.3 ADDRESS	25200 TELEGRAPH
7.4 CITY-ST-ZIP	SOUTHFIELD MI 48034
8.1 TITLE	V
8.2 NAME	PAIGE, JEFFREY C.
8.3 ADDRESS	25200 TELEGRAPH
8.4 CITY-ST-ZIP	SOUTHFIELD MI 48034
9.1 TITLE	D
9.2 NAME	DWYER, JOHN W.
9.3 ADDRESS	3153 HEATHERWOOD LANE
9.4 CITY-ST-ZIP	SARASOTA FL 34235
10.1 TITLE	D
10.2 NAME	LE STRANGE, KENNETH J.
10.3 ADDRESS	1 BYRAM DOCK STREET
10.4 CITY-ST-ZIP	GREENWICH CT 06830
11.1 TITLE	D
11.2 NAME	LOMASON, HARRY II A.
11.3 ADDRESS	24600 HALLWOOD CT.
11.4 CITY-ST-ZIP	FARMINGTON HILLS MI 48335-1671
12.1 TITLE	C/CEO/D
12.2 NAME	MANDICH, DONALD R.
12.3 ADDRESS	25200 TELEGRAPH
12.4 CITY-ST-ZIP	SOUTHFIELD MI 48034
13.1 TITLE	D
13.2 NAME	NICHOLSON, JAMES B.
13.3 ADDRESS	10900 HARPER AVENUE
13.4 CITY-ST-ZIP	DETROIT MI 48213
14.1 TITLE	D
14.2 NAME	PANNY, WILLIAM P.
14.3 ADDRESS	500 BEACH ROAD, APT. 201, JOHN'S ISLAND
14.4 CITY-ST-ZIP	VERO BEACH FL 32963
15.1 TITLE	D
15.2 NAME	SEGER, MARTHA R.
15.3 ADDRESS	220 PARK AVE.
15.4 CITY-ST-ZIP	BIRMINGHAM MI 48009
16.1 TITLE	D
16.2 NAME	TREWHELLA, STEPHEN SR. W.
16.3 ADDRESS	126 GLASSMASTER ROAD
16.4 CITY-ST-ZIP	LEXINGTON SC 29072
17.1 TITLE	D
17.2 NAME	VITITOE, WILLIAM P.
17.3 ADDRESS	815 MERCER STREET
17.4 CITY-ST-ZIP	SEATTLE WA 98109

MICHIGAN MUTUAL INSURANCE COMPANY

(cont. of Item #12 Officers and Directors)

18.1 TITLE	V
18.2 NAME	BURGESS, PAMELA
18.3 ADDRESS	25200 TELEGRAPH
18.4 CITY-ST-ZIP	SOUTHFIELD MI 48034
19.1 TITLE	V
19.2 NAME	MANGAN, JAMES M.
19.3 ADDRESS	26777 HALSTED ROAD
19.4 CITY-ST-ZIP	FARMINGTON HILLS MI 48331-3586
20.1 TITLE	V/T/CFO
20.2 NAME	SAVAGE, R. THOMAS
20.3 ADDRESS	25200 TELEGRAPH
20.4 CITY-ST-ZIP	SOUTHFIELD MI 48034
21.1 TITLE	V
21.2 NAME	SCHULTE, GLEN R.
21.3 ADDRESS	25200 TELEGRAPH
21.4 CITY-ST-ZIP	SOUTHFIELD MI 48034
22.1 TITLE	D
22.2 NAME	MILLER, EUGENE A.
22.3 ADDRESS	500 WOODWARD AVE., MC 3382
22.4 CITY-ST-ZIP	DETROIT MI 48226