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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **807994** **(9)**

1. Corporation Name
MICHIGAN MUTUAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
25200 TELEGRAPH SOUTHFIELD MI 48034	P O BOX 5110 SOUTHFIELD MI 48086-5110 US

2. Principal Place of Business 21 26777 Halsted Road	2a. Mailing Address 26 P.O. Box 2060
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Farmington Hills, MI	City & State 28 Farmington Hills, MI
Zip 24 48331-3586 Country 25 USA	Zip 29 48333-2060 Country 30 USA

3. Date Incorporated or Qualified 09/23/1949	3a. Date of Last Report 05/01/1996
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**

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32301

10. **Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VS	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	VINCENT, SUSAN GAILEY		1.2 NAME		
STREET ADDRESS	25200 TELEGRAPH		1.3 STREET ADDRESS	26777 Halsted Road	
CITY-ST-ZIP	SOUTHFIELD MI 48034		1.4 CITY-ST-ZIP	Farmington Hills, MI 48331-3586	
TITLE	V	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	HOEG, THOMAS E		2.2 NAME		
STREET ADDRESS	26777 HALSTED ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	FARMINGTON HILLS MI 48333-2060		2.4 CITY-ST-ZIP	48331-3586	
TITLE	V	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	LOUGHRAN, ROGER A		3.2 NAME		
STREET ADDRESS	25200 TELEGRAPH		3.3 STREET ADDRESS	26777 Halsted Road	
CITY-ST-ZIP	SOUTHFIELD MI 48034		3.4 CITY-ST-ZIP	Farmington Hills, MI 48331-3586	
TITLE		☐ DELETE	4.1 TITLE	P/D	☐ Change ☒ Addition
NAME			4.2 NAME	Richard F. Russell	
STREET ADDRESS			4.3 STREET ADDRESS	26777 Halsted Road	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Farmington Hills, MI 48331-3586	
TITLE		☐ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME			5.2 NAME	Thomas R. Savage	
STREET ADDRESS			5.3 STREET ADDRESS	26777 Halsted Road	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Farmington Hills, MI 48331-3586	
TITLE		☐ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME			6.2 NAME	Pamela A. Burgess	
STREET ADDRESS			6.3 STREET ADDRESS	26777 Halsted Road	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Farmington Hills, MI 48331-3586	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 2/25/97 (810) 426-7939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480020