

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 821403 (3)

1. Corporation Name

CHRYSLER INSURANCE COMPANY



Principal Place of Business

27777 FRANKLIN ROAD  
P.O. BOX 5168  
SOUTHFIELD MI 48066-2168

Mailing Address

27777 FRANKLIN ROAD  
P.O. BOX 5168  
SOUTHFIELD MI 48066-2168

3. Date Incorporated or Qualified  
05/02/1968

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1000 CHRYSLER DR.  
Suite, Apt. #, etc.

22 City & State

27 TAX REPAIRS, CTS 48512-30  
City & State

23 Zip

Country

28 AUBURN HILLS, MI  
Zip

Country

24

25

29 48326-2168

30 OKLAND

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BLDG  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME CANTWELL, D.M.  
STREET ADDRESS 27777 FRANKLIN ROAD  
CITY-ST-ZIP SOUTHFIELD MI

TITLE ☒ DELETE  
NAME DAVIS, D.L.  
STREET ADDRESS 27777 FRANKLIN ROAD  
CITY-ST-ZIP SOUTHFIELD MI

TITLE ☒ DELETE  
NAME LINK, R.A.  
STREET ADDRESS 27777 FRANKLIN ROAD  
CITY-ST-ZIP SOUTHFIELD MI

TITLE ☒ DELETE  
NAME BROWNING, D.F.  
STREET ADDRESS 27777 FRANKLIN ROAD  
CITY-ST-ZIP SOUTHFIELD MI

TITLE ☒ DELETE  
NAME BONQUILLO, A.L.  
STREET ADDRESS 27777 FRANKLIN ROAD  
CITY-ST-ZIP SOUTHFIELD MI

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME P.H. LATHAM  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME T.L. HACKMAN  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP } SAME

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME P  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME VP  
5.3 STREET ADDRESS K.S. ROBSON  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 both at address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. H. Latham  
Asst. Controller

4-23-96  
Date

810-512-3074  
Cityline Phone #

CR2E034 (12/95)