

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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  
1000 CHRYSLER DR.  
TAX AFFAIRS, CMS 485-12-30  
AUBURN HILLS MI 48326-2766  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/02/1968

4. FEI Number  
38-1775863

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

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	T	<input type="checkbox"/> DELETE
NAME	CANTWELL, D.M.	
STREET ADDRESS	27777 FRANKLIN ROAD	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	AC	<input type="checkbox"/> DELETE
NAME	LATHAM, P.H.	
STREET ADDRESS	27777 FRANKLIN ROAD	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HACKMAN, T.L.	
STREET ADDRESS	27777 FRANKLIN ROAD	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BROWNING, D.F.	
STREET ADDRESS	27777 FRANKLIN ROAD	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROBISON, K.J.	
STREET ADDRESS	27777 FRANKLIN ROAD	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

P.H. LATHAM

4/2/98 (249) 512-3106

CR2E034 (10/97)

**CHRYSLER INSURANCE COMPANY**

**OFFICERS**

<b><u>NAME</u></b>	<b><u>TITLE</u></b>	<b><u>BUSINESS ADDRESS</u></b>
D. F. Browning	President	27777 Franklin Road Southfield, MI 48034-5168
P. Bialczak	Vice President	27777 Franklin Road Southfield, MI 48034-5168
L. J. Biskner, III	Vice President	27777 Franklin Road Southfield, MI 48034-5168
K. J. Robison	Vice President	27777 Franklin Road Southfield, MI 48034-5168
B. R. White	Vice President	27777 Franklin Road Southfield, MI 48034-5168
T. F. Gilman	Controller	27777 Franklin Road Southfield, MI 48034-5168
T. L. Hackman	Secretary	27777 Franklin Road Southfield, MI 48034-5168
D. M. Cantwell	Vice President & Treasurer	27777 Franklin Road Southfield, MI 48034-5168
J. S. Haan	Assistant Controller	27777 Franklin Road Southfield, MI 48034-5168
P. H. Latham	Assistant Controller	1000 Chrysler Drive Auburn Hills, MI 48326-2766

**CHRYSLER INSURANCE COMPANY**

**DIRECTORS**

<b><u>NAME</u></b>	<b><u>BUSINESS ADDRESS</u></b>
L. J. Biskner, III	27777 Franklin Road Southfield, MI 48034-5168
D. F. Browing	27777 Franklin Road Southfield, MI 48034-5168
D. M. Cantwell	27777 Franklin Road Southfield, MI 48034-5168
T. F. Gilman	27777 Franklin Road Southfield, MI 48034-5168
D. A. Robison	27777 Franklin Road Southfield, MI 48034-5168
C. A. Taravella	27777 Franklin Road Southfield, MI 48034-5168
T. W. Sidlik	27777 Franklin Road Southfield, MI 48034-5168