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

PROFIT . CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** Apr 02, 1999 8:00 am Secretary of State 04-02-1999 90098 040 ***150.00

DOCOL	MENI # 821403	3					
1. Corporation	n Name ER INSURANCE COMPAN '	Y					
OFFITTOL	EII INOUINIVOE COMI, AIV	•			I LABORI CALER MARI CERTE RIPH ARERE CHI SPAIL	BIBIL BIBIL BIBIL B	(B) (0 (B) (488)
	·						
Principal Plac	e of Business	Mailing Address			ייסום ניוון ספובם נובופ וופון ופבון בוופו ופופון ווייסון ו	91911 WID11 WID18 W	1911 (1811) 1891
27777 FRANKLI	N ROAD	41000 CHRYSLER DR.					
P.O. BOX 5168 TAX AFFAIRS, CMS 485-12-30					DO NOT WRITE IN THI	S SPACE	
SOUTHFIELD MI 48086-2168 AUBURN HILLS MI 48326-276			D		3. Date Incorporated or Qualifed		
		••			05/02/1968		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Ap	plied For	
21		26		38-1775863		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A		
22		27					
City & Stat	le	— ·	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	,
Zip	Country	28	Countr	ry	This corporation owes the current year I		/
24	[25]	— ` — —	30	•	Personal Property Tax.	Yes	ÌX No
	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Registere	d Agent	/ -
***	10+NOE 001##0010NE0		8	1 Name			
	JRANCE COMMISSIONER		8:	82 Street Address (P.O. Box Number is Not Acceptable)			
	ITOL BLDG LAHASSEE FL 32301						
TALL	ANASSEE PL 32301		8	83			
			8	4 City	F	85 Zip (Code
	10 007 00	TOO - LOOT AFOO Florida Danhada	1				registered
office or r	registered agent, or both, in the Stat	e of Florida. Such change was aut	thorized b	v the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as re	gistered
agent. I a	am familiar with, and accept the oblig	gations of, Section 607.0505, Florid	da Statute	BS.			
SIGNATURE	Signature, typed or printed name of registered a	pent and title if applicable. (NOTE: R	Registered Ag	jent signature require	d when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	
TITLE	T	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	CANTWELL, D.M.		1.2 NAME	፣ }			
STREET ADDRESS			1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	SOUTHFIELD MI		1.4 CITY-			Channa	Addition
TITLE	AC .	C DELETE	2.1 TITLE			Change	☐ ¥doition
NAME	LATHAM, P.H.		2.2 NAME	- 1			
STREET ADDRESS	27777 FRANKLIN ROAD SOUTHFIELD MI			ETADDRESS			{
CITY-ST-ZIP	S	TOELETE"	2.4 CITY 3.1 TITLE		The second of th	= Change -	- 🖃 Addition
TITLE	HACKMAN, T.L.		3.2 NAME			_ · •	- /
NAME STREET ADDRESS	ATTT FOARWERL DOAD			ET ADDRESS			
CITY-ST-ZIP	SOUTHFIELD MI		3.4, CITY				,
TITLE	P	☐ DELETE	4.1 TITLE			Change	Addition
NAME	BROWNING, D.F.		4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	SOUTHFIELD MI		4.4 CITY-	-ST-ZIP			/
TITLE	VP	☐ DELETE	5.1 TITLE			Change/	Addition
NAME	ROBISON, K.J.		5.2 NAME	1		(
STREET ADDRESS	1			ET ADDRESS		\	·
CITY-ST-ZIP	SOUTHFIELD MI		5.4 CITY-				☐ 8 ddista -
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME	1			
CTREET ADDRESS	vi		■ 6.3 STRE	ET ADDRESS !			

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, with an other like empowered.

6.4 CTTY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRYSLER INSURANCE COMPANY

288396-90098-40 821403

OFFICERS

NAME	TITLE	BUSINESS ADDRESS
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

288396-40818-40 821403

DIRECTORS

NAME	BUSINESS ADDRESS
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