

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**  
 05-11-2000 90323 010 \*\*\*150.00

**DOCUMENT # 821403**

1. Entity Name

**CHRYSLER INSURANCE COMPANY**

Principal Place of Business

Mailing Address

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

1000 CHRYSLER DR.  
 TAX AFFAIRS, CMS 485-12-30  
 AUBURN HILLS MI 48326-2766  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**38-1775863**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
 CAPITOL BLDG  
 TALLAHASSEE FL 32301**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/V.P. DYKSTRA, T. P. 1000 Chrysler Dr. Auburn Hills, MI 48326-2766	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC P.H. Latham 1000 Chrysler Dr. Auburn Hills, MI 48326-2766	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT TREASURER/AC/D HAAN, J.S. 27777 Franklin Rd Southfield, MI 48034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. AND CONTROLLER/D OLSEN, D.H. 27777 Franklin Rd. Southfield, MI 48034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, D.L. 27777 Franklin Rd. Southfield, MI 48034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/TREASURER BISKNER, III L.J. 27777 Franklin Rd. Southfield, MI 48034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**ASSISTANT CONTROLLER**

Date

Daytime Phone #

CR2E034 (9/99)

821403

CHRYSLER INSURANCE COMPANYDIRECTORS~~821403~~

731470

<u>NAME</u>	<u>BUSINESS ADDRESS</u>
D. F. Browning	27777 Franklin Road Southfield, MI 48034
L. J. Biskner, III	27777 Franklin Road Southfield, MI 48034
D. L. Davis	27777 Franklin Road Southfield, MI 48034
T. F. Gilman	27777 Franklin Road Southfield, MI 48034
J. S. Haan	27777 Franklin Road Southfield, MI 48034
M. Muehlbayer	27777 Franklin Road Southfield, MI 48034
D. H. Olsen	27777 Franklin Road Southfield, MI 48034
M. A. Schmid	27777 Franklin Road Southfield, MI 48034
C. A. Taravella	27777 Franklin Road Southfield, MI 48034