

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 821403

1. Entity Name

CHRYSLER INSURANCE COMPANY

**FILED**  
**Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90009 026 \*\*\*150.00

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

C0037025



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

INSURANCE COMMISSIONER  
CAPITOL BLDG  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	T	<input checked="" 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T/V P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DYKSTRA, T.P.	
STREET ADDRESS	1000 CHRYSLER DR.	
CITY-ST-ZIP	AUBURN HILLS, MI 48326-2766	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1000 CHRYSLER DR.	
CITY-ST-ZIP	AUBURN HILLS, MI 48326-2766	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLSEN, D.H.	
STREET ADDRESS	27777 FRANKLIN RD	
CITY-ST-ZIP	SOUTHFIELD, MI 48034	

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

P.H. LATHAM

ASST CONTROLLER

3/13/01

Date

248 512-9108

Daytime Phone #

CR2E034 (10/00)

Attachment DOC # 881403  
C0031025

**CHRYSLER INSURANCE COMPANY**

**OFFICERS**

<b><u>NAME</u></b>	<b><u>TITLE</u></b>	<b><u>BUSINESS ADDRESS</u></b>
D. F. Browning	Chairman of the Board & President	27777 Franklin Road Southfield, MI 48034
T. P. Dykstra	Vice President & Treasurer	1000 Chrysler Drive Auburn Hills, MI 48326-2766
L. K. Baughman	Vice President	27777 Franklin Road Southfield, MI 48034
P. Bialczak	Vice President	27777 Franklin Road Southfield, MI 48034
T. L. Hackman	Secretary	27777 Franklin Road Southfield, MI 48034
T. F. Gilman	Vice President	27777 Franklin Road Southfield, MI 48034
W. M. Keohane, Jr.	Vice President	27777 Franklin Road Southfield, MI 48034
M. Muehlbayer	Vice President & Chief Financial Officer	27777 Franklin Road Southfield, MI 48034
D. H. Olsen	Vice President & Controller	27777 Franklin Road Southfield, MI 48034
G. F. Reicher	Vice President	27777 Franklin Road Southfield, MI 48034
K. J. Robison	Vice President	27777 Franklin Road Southfield, MI 48034
C. A. Taravella	Vice President	27777 Franklin Road Southfield, MI 48034
L. J. Biskner, III	Vice President	27777 Franklin Road Southfield, MI 48034
B. C. Babbish	Assistant Secretary	27777 Franklin Road Southfield, MI 48034
J. S. Haan	Assistant Controller & Assistant Treasurer	27777 Franklin Road Southfield, MI 48034
P. H. Latham	Assistant Controller	1000 Chrysler Drive Auburn Hills, MI 48326-2766
J. J. Shea	Assistant Treasurer	27777 Franklin Road Southfield, MI 48034

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**CHRYSLER INSURANCE COMPANY**

**DIRECTORS**

<b><u>NAME</u></b>	<b><u>BUSINESS ADDRESS</u></b>
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