

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F00000003998

1. Entity Name  
C.P.A. INSURANCE COMPANY



Principal Place of Business

P.O. BOX 250010  
WEST BLOOMFIELD, MI 48325-0010

Mailing Address

P.O. BOX 250010  
WEST BLOOMFIELD, MI 48325-0010



02182004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
38-0391970

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	CPT
NAME	ROSS, WILLIAM JAMES III
STREET ADDRESS	4312 ORCHARD LAKE ROAD, SUITE 200
CITY-ST-ZIP	WEST BLOOMFIELD, MI 48323
TITLE	D
NAME	BREER, CORINNE HELEN
STREET ADDRESS	3054 KINGS GATE WAY
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48302
TITLE	AS
NAME	JAHNKE, SHARON D
STREET ADDRESS	4312 ORCHARD LAKE ROAD, SUITE 200
CITY-ST-ZIP	WEST BLOOMFIELD, MI 48323
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000061751  
02/23/04-80092-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sharon D. Jahnke* Sharon D. Jahnke

2/19/2004

(248) 738-8812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #