

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90006 010 ***150.00

DOCUMENT # F03000000034

1. Entity Name
INTREPID INSURANCE COMPANY



Principal Place of Business
**27777 INKSTER ROAD
FARMINGTON HILLS, MI 48334-5326**

Mailing Address
**27777 INKSTER ROAD
FARMINGTON HILLS, MI 48334-5326**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

38-3464412

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MAIER, RICHARD
10300 BOGGY CREEK RD., STE 100
ORLANDO, FL 32824**

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. 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**CPT
HAAN, JAMES S
27777 INKSTER ROAD
FARMINGTON HILLS, MI 483345326**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

**S
DODGE, MICHAEL J
27777 INKSTER ROAD
FARMINGTON HILLS, MI 483345326**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

**VPD
POLING, S.C.
27777 INKSTER ROAD
FARMINGTON, MI 48334**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.J. Vanderbeek

Date

4/30/07

Daytime Phone #

248.512.6429

ATTACHMENT
40094304
F03000000034

INTREPID INSURANCE COMPANY

OFFICERS/DIRECTORS

J. S. Haan	President, Treasurer, Director	27777 Inkster Road Farmington Hills, MI 48334
M. J. Dodge	Secretary, Director	27777 Inkster Road Farmington Hills, MI 48334
Steven C. Poling	Vice President, Director	27777 Inkster Road Farmington Hills, MI 48334

Last revised: 2.15.07