

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001627

FILED  
Feb 12, 2006  
Secretary of State

Entity Name: MEPCO INSURANCE PREMIUM FINANCING, INC.

**Current Principal Place of Business:**

174 N. MICHIGAN AVENUE  
CHICAGO, IL 60601 US

**New Principal Place of Business:**

**Current Mailing Address:**

230 W. MAIN ST  
IONIA, MI 48846

**New Mailing Address:**

FEI Number: 57-1152702      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEXIS NEXIS DOCUMENT SOLUTIONS, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DTS ( ) Delete  
Name: SHUSTER, ROBERT N  
Address: 230 W. MAIN ST.  
City-St-Zip: IONIA, MI 48846 US

Title: D ( ) Delete  
Name: MAGEE, MICHAEL M JR  
Address: 230 W. MAIN ST  
City-St-Zip: IONIA, MI 48846 US

Title: D ( ) Delete  
Name: VAN LOAN, CHARLES C  
Address: 230 W. MAIN ST  
City-St-Zip: IONIA, MI 48846 US

Title: D ( ) Delete  
Name: KESSEL, WILLIAM B  
Address: 230 W MAIN STREET  
City-St-Zip: IONIA, MI 48846 US

Title: DP ( ) Delete  
Name: SWANTON, JOHN E  
Address: 174 N. MICHIGAN AVENUE  
City-St-Zip: CHICAGO, IL 60601 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT N. SHUSTER

DTS

02/12/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date