

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001627

FILED
Feb 05, 2007
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: DP (X) Change () Addition
Name: SHUSTER, ROBERT N
Address: 230 W. MAIN ST.
City-St-Zip: IONIA, MI 48846 US

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

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

Title: DST (X) Change () Addition
Name: KESSEL, WILLIAM B
Address: 230 W MAIN STREET
City-St-Zip: IONIA, MI 48846 US

Title: D (X) Change () Addition
Name: ZITIN, GILBERT N
Address: 21 E. HURON STREET
City-St-Zip: CHICAGO, IL 60611 US

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

DP

02/05/2007

Electronic Signature of Signing Officer or Director

_____ Date