

**2004 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 21, 2004  
Secretary of State**

DOCUMENT# F03000005230

Entity Name: MICHIGAN MUTUAL INC.

**Current Principal Place of Business:**

800 MICHIGAN STREET  
PORT HURON, MI 48060

**New Principal Place of Business:**

**Current Mailing Address:**

800 MICHIGAN STREET  
PORT HURON, MI 48060

**New Mailing Address:**

FEI Number: 38-3092473      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FLORIDA FILING & SEARCH SERVICES, INC.  
1333 NORTH DUVAL STREET  
TALLAHASSEE, FL 32303      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MCTEVIA, JAMES V  
Address: 18161 E. EIGHT MILE ROAD  
City-St-Zip: EASTPOINTE, MI 48021

Title: P ( ) Delete  
Name: WALKER, MARK M  
Address: 800 MICHIGAN STREET  
City-St-Zip: PORT HURON, MI 48060

Title: VPS ( ) Delete  
Name: WALKER, HALE H  
Address: 800 MICHIGAN STREET  
City-St-Zip: PORT HURON, MI 48060

Title: AVP ( ) Delete  
Name: CANSFIELD, MICHAEL J  
Address: 800 MICHIGAN STREET  
City-St-Zip: PORT HURON, MI 48060

Title: VPT ( ) Delete  
Name: FOSGARD, RANDY R  
Address: 800 MICHIGAN STREET  
City-St-Zip: PORT HURON, MI 48060

**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 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 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: MARK WALKER

PRES

10/21/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date