

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Mar 20, 2007
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:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCTEVIA, JAMES V
Address: 11300 US HWY 1 UNIT 303
City-St-Zip: NORTH PALM BEACH, FL 33408

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: VP () 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

Title: () Delete
Name:
Address:
City-St-Zip:

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: VPT (X) Change () Addition
Name: CANSFIELD, MICHAEL J
Address: 800 MICHIGAN STREET
City-St-Zip: PORT HURON, MI 48060

Title: D (X) Change () Addition
Name: SMITH, SHARON M
Address: 800 MICHIGAN STREET
City-St-Zip: PORT HURON, MI 48060

Title: D () Change (X) Addition
Name: THOMPSON, MARIANNE O
Address: 800 MICHIGAN STREET
City-St-Zip: PORT HURON, MI 48060

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: MARK M. WALKER

P

03/20/2007

Electronic Signature of Signing Officer or Director

_____ Date