## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000001830

FILED Mar 23, 2012 Secretary of State

Entity Name: MICHIGAN COMMERCIAL INSURANCE MUTUAL CORPORATION

Current Principal Place of Business: New Principal Place of Business:

1044 EASTBURY DRIVE LANSING, MI 489080440

Current Mailing Address: New Mailing Address:

1044 EASTBURY DRIVE LANSING, MI 489080440

FEI Number: 38-3497412 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FLORIDA INSURANCE COMMISSIONER 200 EAST GAINES STREET TALLAHASSEE, FL 323990300 US

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: PCEO

Name: POWELL-YODER, ELEANOR Address: 1044 EASTBURY DRIVE City-St-Zip: LANSING, MI 489080440

Title: VST

 Name:
 SCHOBERT, ERIC

 Address:
 1044 EASTBURY DRIVE

 City-St-Zip:
 LANSING, MI 489080440

Title: AS

Name: RODRIGUEZ, WANDA Address: 1044 EASTBURY DRIVE City-St-Zip: LANSING, MI 489080440

Title: C

 Name:
 PRATT, DONALD

 Address:
 1044 EASTBURY DRIVE

 City-St-Zip:
 LANSING, MI 489080440

Title: VC

Name: SHUGART, GREGORY
Address: 1044 EASTBURY DRIVE
City-St-Zip: LANSING, MI 489080440

Title:

Name: HOFSTRA, ANDREW
Address: 1044 EASTBURY DRIVE
City-St-Zip: LANSING, MI 489080440

I hereby 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 all other like empowered.

SIGNATURE: ERIC R. SCHOBERT VST 03/23/2012