

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000001002

1. Entity Name
CHEROKEE INSURANCE COMPANY



Principal Place of Business
34200 MOUND RD
STERLING HEIGHTS, MI 48310

Mailing Address
34200 MOUND RD
STERLING HEIGHTS, MI 48310



04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3464294

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOROUN, MATTHEW T
STREET ADDRESS	12225 STEPHENS RD
CITY- ST- ZIP	WARREN, MI 48089
TITLE	DP
NAME	DADABBO, MARK J
STREET ADDRESS	34200 MOUND RD
CITY- ST- ZIP	STERLING HEIGHTS, MI 48310
TITLE	D
NAME	CORE, WARREN V
STREET ADDRESS	34200 MOUND RD
CITY- ST- ZIP	STERLING HEIGHTS, MI 48310
TITLE	D
NAME	LOVE, EMMON W
STREET ADDRESS	5910 TOOLE DR
CITY- ST- ZIP	KNOXVILLE, TN 37919
TITLE	D
NAME	SHERROD, HOWARD W JR
STREET ADDRESS	5910 TOOLE DR
CITY- ST- ZIP	KNOXVILLE, TN 37919
TITLE	T
NAME	KUHN, ROBERT
STREET ADDRESS	34200 MOUND RD
CITY- ST- ZIP	STERLING HEIGHTS, MI 48310

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06/03/08-80025-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/08