

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000420

FILED  
Apr 12, 2010  
Secretary of State

**Entity Name:** SOUTHERN-OWNERS INSURANCE COMPANY

**Current Principal Place of Business:**

6101 ANACAPRI BOULEVARD  
LANSING, MI 48917

**New Principal Place of Business:**

**Current Mailing Address:**

6101 ANACAPRI BOULEVARD  
LANSING, MI 48917

**New Mailing Address:**

**FEI Number:** 59-3265407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHIEF FINANCIAL OFFICER  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399 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:** DP  
**Name:** HARROLD, JEFFREY FRANCI  
**Address:** 1201 CANDELA LANE  
**City-St-Zip:** GRAND LEDGE, MI 48837

**Title:** DCEO  
**Name:** SIMON, RONALD HERMAN  
**Address:** 602 SHORELINE DRIVE  
**City-St-Zip:** DEWITT, MI 48820

**Title:** DFVP  
**Name:** BIRN, STUART ROY  
**Address:** 4160 TRILLUM COURT  
**City-St-Zip:** OKEMOS, MI 48864

**Title:** DEVP  
**Name:** RUPP, RODNEY JAY  
**Address:** 6291 PINE HOLLOW DRIVE  
**City-St-Zip:** EAST LANSING, MI 48823

**Title:** TCFO  
**Name:** PHANER, EILEEN KAY  
**Address:** 5134 NELLIES LANE  
**City-St-Zip:** CHARLOTTE, MI 48813

**Title:** SVP  
**Name:** TAGSOLD, JEFFREY SCOTT  
**Address:** 3150 CROFTON DRIVE  
**City-St-Zip:** DEWITT, MI 48820

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:** STUART R. BIRN

FVPS

04/12/2010

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

\_\_\_\_\_  
Date