

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0115076

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000005183 (5)**  
 1. Corporation Name **PICOM INSURANCE COMPANY**



Principal Place of Business <b>4295 OKEMOS RD.          P.O. BOX 2510          OKEMOS MI 48805-9510</b>	Mailing Address <b>4295 OKEMOS RD.          P.O. BOX 2510          OKEMOS MI 48805-9510</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2600 Professionals Drive</b> Suite, Apt. #, etc. 22 City & State 23 <b>Okemos, MI</b> Zip Country 24 <b>48864</b> 25 <b>U.S.A.</b>	2a. Mailing Address 26 <b>P.O. Box 150</b> Suite, Apt. #, etc. 27 City & State 28 <b>Okemos, MI</b> Zip Country 29 <b>48805-0150</b> 30 <b>U.S.A.</b>
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3. Date Incorporated or Qualified <b>10/03/1997</b>
4. FEI Number <b>38-2317569</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER          CAPITOL          TALLAHASSEE FL 32399-0300</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>C</b> <input type="checkbox"/> DELETE
NAME	<b>MOCABE, W. PETER</b>
STREET ADDRESS	<b>4295 OKEMOS RD.</b>
CITY-ST-ZIP	<b>OKEMOS MI 48805-9510</b>
TITLE	<b>CEO</b> <input type="checkbox"/> DELETE
NAME	<b>ADAMO, VICTOR T</b>
STREET ADDRESS	<b>4295 OKEMOS RD.</b>
CITY-ST-ZIP	<b>OKEMOS MI 48805-9510</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DODGE, JOHN F JR.</b>
STREET ADDRESS	<b>4295 OKEMOS RD.</b>
CITY-ST-ZIP	<b>OKEMOS MI 48805-9510</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>CLINTON, R. KEVIN</b>
STREET ADDRESS	<b>4295 OKEMOS RD.</b>
CITY-ST-ZIP	<b>OKEMOS MI 48805-9510</b>
TITLE	<b>SV</b> <input type="checkbox"/> DELETE
NAME	<b>FLOOD, ANNETTE E</b>
STREET ADDRESS	<b>4295 OKEMOS RD.</b>
CITY-ST-ZIP	<b>OKEMOS MI 48805-9510</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>LANG, JOHN F</b>
STREET ADDRESS	<b>4295 OKEMOS RD.</b>
CITY-ST-ZIP	<b>OKEMOS MI 48805-9510</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John F. Lang*

7-14-98

CR2E034 (5/98)