

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90131 009 \*\*\*150.00

DOCUMENT # F97000005183

1. Corporation Name

PRONATIONAL INSURANCE COMPANY



Principal Place of Business

Mailing Address

2600 PROFESSIONALS DR  
OKEMOS MI 48864  
US

P O BOX 150  
OKEMOS MI 48805-150  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1997

4. FEI Number

38-2317569

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Eliot H. Berg, M.D.	
1.3 STREET ADDRESS	2600 Professionals Drive	
1.4 CITY-ST-ZIP	Okemos, MI 48864	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	2600 Professionals Drive	
2.4 CITY-ST-ZIP	Okemos, MI 48864	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	David W. Heeke, D.D.S.	
3.3 STREET ADDRESS	2600 Professionals Drive	
3.4 CITY-ST-ZIP	Okemos, MI 48864	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John O. Bashant	
4.3 STREET ADDRESS	2600 Professionals Drive	
4.4 CITY-ST-ZIP	Okemos, MI 48864	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	2600 Professionals Drive	
5.4 CITY-ST-ZIP	Okemos, MI 48864	
6.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	William D. Baxter	
6.3 STREET ADDRESS	2600 Professionals Drive	
6.4 CITY-ST-ZIP	Okemos, MI 48864	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

*William D. Baxter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

Daytime Phone #

CR2E034 (1/98)