

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90026 027 ***150.00

DOCUMENT # F97000005183

1. Entity Name

PRONATIONAL INSURANCE COMPANY

715624



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2600 PROFESSIONALS DR OKEMOS MI 48864 US	Mailing Address P O BOX 150 OKEMOS MI 48805-0150 US
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **38-2317569** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 CAPITOL
 TALLAHASSEE FL 32399-0300**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BERG, ELIOT H M.D. 2600 PROFESSIONALS DR. OKEMOS MI 48864 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Hanson, Gregg L. 2121 Ponce de Leon Blvd, Ste 350 Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMO, VICTOR T 2600 PROFESSIONALS DR. OKEMOS MI 48864 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEEKE, DAVID W D.D.S. 2600 PROFESSIONALS DR OKEMOS MI 48864 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Lang, John F. 2600 Professionals Drive Okemos, MI 48864 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BASHANT, JOHN O 2600 PROFESSIONALS DR OKEMOS MI 48864 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV FLOOD, ANNETTE E 2600 PROFESSIONALS DR OKEMOS MI 48864 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAXTER, WILLIAM D 2600 PROFESSIONALS DR OKEMOS MI 48864 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add

13. 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 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 11 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William D. Baxter* **William D. Baxter, Treasurer** 02/03/00 (517) 347-632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #