

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90068 022 ***150.00

DOCUMENT # F97000005183

1. Entity 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**

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2001 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	CP ADAMO, VICTOR T 2600 PROFESSIONALS DR. OKEMOS MI 48864	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LANG, JOHN F 2600 PROFESSIONALS DRIVE OKEMOS MI 48864	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BASHANT, JOHN O 2600 PROFESSIONALS DR OKEMOS MI 48864	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV FLOOD, ANNETTE E 2600 PROFESSIONALS DR OKEMOS MI 48864	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BAXTER, WILLIAM D 2600 PROFESSIONALS DR OKEMOS MI 48864	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Neville, Kathryn A. 2600 Professionals Drive Okemos, MI 48864	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Bowlby, Jeffrey L. 2600 Professionals Drive Okemos, MI 48864	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

William D. Baxter

William D. Baxter

02/08/2001

(517) 347-6323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

UBR00003

(continued on pg 2)

Attachment
930579
#F97000005183

PRONATIONAL INSURANCE COMPANY
FEI NUMBER 38-2317569
2000 UNIFORM BUSINESS REPORT
Document # F97000005183
Page 2

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (continued)

D/V Addition
Marker, Joseph O.
2600 Professionals Drive
Okemos, MI 48864

D/V Addition
Thomas, Darryl K.
2600 Professionals Drive
Okemos, MI 48864

D/V Addition
Sabados, William P.
Suite 200
691 North Squirrel Road
Auburn Hills, MI 48236