

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**  
 05-14-2002 90215 047 \*\*\*150.00

05/14/02 AT

<b>DOCUMENT # F97000005183</b>			
1. Entity Name <b>PRONATIONAL INSURANCE COMPANY</b>			
Principal Place of Business <b>2600 PROFESSIONALS DR OKEMOS MI 48864 US</b>		Mailing Address <b>P O BOX 150 OKEMOS MI 48805-150 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 590009</b>  Suite, Apt. #, etc.	
City & State		City & State <b>Birmingham, Alabama</b>	
Zip	Country	Zip	Country
		<b>35259-0009</b>	<b>US</b>
6. Name and Address of Current Registered Agent  <b>INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS			
TITLE	CP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMO, VICTOR T</b>	NAME	
STREET ADDRESS	<b>2600 PROFESSIONALS DR.</b>	STREET ADDRESS	<b>100 Brookwood Place</b>
CITY-ST-ZIP	<b>OKEMOS MI 48864</b>	CITY-ST-ZIP	<b>Birmingham, AL 35209</b>
TITLE	DV <input type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LANG, JOHN F</b>	NAME	<b>James J. Morello</b>
STREET ADDRESS	<b>2600 PROFESSIONALS DRIVE</b>	STREET ADDRESS	<b>100 Brookwood Place</b>
CITY-ST-ZIP	<b>OKEMOS MI 48864</b>	CITY-ST-ZIP	<b>Birmingham, AL 35209</b>
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BASHANT, JOHN O</b>	NAME	
STREET ADDRESS	<b>2600 PROFESSIONALS DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>OKEMOS MI 48864</b>	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEVILLE, KATHRYN A</b>	NAME	
STREET ADDRESS	<b>2600 PROFESSIONALS DR</b>	STREET ADDRESS	<b>100 Brookwood Place</b>
CITY-ST-ZIP	<b>OKEMOS MI 48864</b>	CITY-ST-ZIP	<b>Birmingham, AL 35209</b>
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOWLBY, JEFFREY L</b>	NAME	
STREET ADDRESS	<b>2600 PROFESSIONAL DRIVE</b>	STREET ADDRESS	<b>100 Brookwood Place</b>
CITY-ST-ZIP	<b>OKEMOS MI 48864</b>	CITY-ST-ZIP	<b>Birmingham, AL 35209</b>
TITLE	<input type="checkbox"/> Delete	TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>William P. Sabados</b>
STREET ADDRESS		STREET ADDRESS	<b>2600 Professionals Dr.</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Okemos, MI 48864</b>
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.			



DO NOT WRITE IN THIS SPACE

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

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

CR2E034 (9/01)

SIGNATURE: Kathryn A Neville **RECORDED** **04/25/02 (205) 877-4400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #