


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90102 014 \*\*\*150.00

**DOCUMENT # F97000005183**


1. Entity Name  
**PRONATIONAL INSURANCE COMPANY**



Principal Place of Business  
**2600 PROFESSIONALS DR  
 OKEMOS, MI 48864 US**

Mailing Address  
**P O BOX 590009  
 BIRMINGHAM, AL 35259-0009 US**

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>38-2317569</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER  
 P O BOX 6200 (32314-6200)  
 200 E. GAINES ST  
 TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMO, VICTOR T 100 BROOKWOOD PL BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, HOWARD H 100 BROOKWOOD PLACE BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEVILLE, KATHRYN A 100 BROOKWOOD PLACE BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOWLBY, JEFFREY L 100 BROOKWOOD PL BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, DARRYL K 100 BROOKWOOD PLACE BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORELLO, JAMES J 100 BROOKWOOD PLACE BIRMINGHAM, AL 35209

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathryn A. Neville Kathryn A. Neville 1-8-08 (205) 877-4400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #