

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90318 039 ***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

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**

☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **CP** ☐ Delete
NAME **ADAMO, VICTOR T**
STREET ADDRESS **100 BROOKWOOD PL**
CITY-ST-ZIP **BIRMINGHAM AL 35209**

TITLE **DV** ☐ Delete
NAME **BASHANT, JOHN O**
STREET ADDRESS **2600 PROFESSIONALS DR**
CITY-ST-ZIP **OKEMOS MI 48864**

TITLE **S** ☐ Delete
NAME **NEVILLE, KATHRYN A**
STREET ADDRESS **100 BROOKWOOD PLACE**
CITY-ST-ZIP **BIRMINGHAM AL 35209**

TITLE **DV** ☐ Delete
NAME **BOWLBY, JEFFREY L**
STREET ADDRESS **100 BROOKWOOD PL**
CITY-ST-ZIP **BIRMINGHAM AL 35209**

TITLE **DV** ☐ Delete
NAME **SABADOS, WILLIAM P**
STREET ADDRESS **2600 PROFESSIONALS DR**
CITY-ST-ZIP **OKEMOS MI 48864**

TITLE **T** ☐ Delete
NAME **MORELLO, JAMES J**
STREET ADDRESS **100 BROOKWOOD PLACE**
CITY-ST-ZIP **BIRMINGHAM AL 35209**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of James J. Morello
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 **205-877-4422**
Date Daytime Phone *

CR2E034 (10/02)