


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000005532 (3) 1. Corporation Name MICHIGAN PHYSICIANS MUTUAL LIABILITY COMPANY			
Principal Place of Business 1301 N. HAGADORN RD. EAST LANSING MI 48823		Mailing Address PO BOX 1471 EAST LANSING MI 48826-1471	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 10/20/1997		4. FEI Number 38-2102867	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGLUND, THOMAS R	1.2 NAME	
STREET ADDRESS	7901 ANGLING RD., #B-201	1.3 STREET ADDRESS	
CITY-STATE-ZIP	PORTAGE MI 49002	1.4 CITY-STATE-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMANN, BILLY B	2.2 NAME	
STREET ADDRESS	481 W. HURON ST.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PONTIAC MI 48341	2.4 CITY-STATE-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMERICK, MYRON R	3.2 NAME	
STREET ADDRESS	35103 SILVANO DR.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	CLINTON TOWNSHIP MI 48035	3.4 CITY-STATE-ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, THOMAS C MD	4.2 NAME	
STREET ADDRESS	1800 BRAMBLE DR.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	EAST LANSING MI 48823	4.4 CITY-STATE-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, JOHN W MD	5.2 NAME	
STREET ADDRESS	560 W. MITCHELL	5.3 STREET ADDRESS	
CITY-STATE-ZIP	PETOSKEY MI 49770	5.4 CITY-STATE-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENCH, RICHARD F MD	6.2 NAME	
STREET ADDRESS	925 CHINOE CT.	6.3 STREET ADDRESS	
CITY-STATE-ZIP	LEXINGTON KY 40502	6.4 CITY-STATE-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frank H. Fran*

5/1/98

CR2E034 (10/97)