

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90095 050 ***158.75

DOCUMENT # F97000005532

1. Corporation Name

MUTUAL INSURANCE CORPORATION OF AMERICA

Principal Place of Business

1301 N. HAGADORN RD.
EAST LANSING MI 48823

Mailing Address

PO BOX 1471
EAST LANSING MI 48826-1471

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1997

4. FEI Number

38-2102867

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

FL

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

TITLE PDC
NAME BERGLUND, THOMAS R
STREET ADDRESS 7901 ANGLING RD., #B-201
CITY-ST-ZIP PORTAGE MI 49002

☐ DELETE

TITLE V
NAME BAUMANN, BILLY B
STREET ADDRESS 461 W. HURON ST.
CITY-ST-ZIP PONTIAC MI 48341

☐ DELETE

TITLE V
NAME EMERICK, MYRON R
STREET ADDRESS 35103 SILVANO DR.
CITY-ST-ZIP CLINTON TOWNSHIP MI 48035

☐ DELETE

TITLE ST
NAME PAYNE, THOMAS C MD
STREET ADDRESS 1800 BRAMBLE DR.
CITY-ST-ZIP EAST LANSING MI 48823

☐ DELETE

TITLE D
NAME HALL, JOHN W MD
STREET ADDRESS 560 W. MITCHELL
CITY-ST-ZIP PETOSKEY MI 49770

☐ DELETE

TITLE D
NAME HENCH, RICHARD F MD
STREET ADDRESS 925 CHINOE CT.
CITY-ST-ZIP LEXINGTON KY 40502

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Barker, William J
1.3 STREET ADDRESS 536 Gunwale Lane
1.4 CITY-ST-ZIP Longboat Key, FL 34228

☐ Change

☒ Addition

2.1 TITLE D
2.2 NAME Haynes, Stephen H.
2.3 STREET ADDRESS 1617 Fairway Terrace
2.4 CITY-ST-ZIP Clovis, NM 88101

☐ Change

☒ Addition

3.1 TITLE D
3.2 NAME Jennings, Emmitt M.
3.3 STREET ADDRESS 2001 Brazos
3.4 CITY-ST-ZIP Roswell, NM 88201

☐ Change

☒ Addition

4.1 TITLE D
4.2 NAME Mukkamala, AppaRoa
4.3 STREET ADDRESS 4545 Warwick
4.4 CITY-ST-ZIP Grand Blanc, MI 48439

☐ Change

☒ Addition

5.1 TITLE D
5.2 NAME Springer, Dawn E.
5.3 STREET ADDRESS 622 Orchard St.
5.4 CITY-ST-ZIP East Lansing, MI 48823

☐ Change

☒ Addition

6.1 TITLE D
6.2 NAME Stone, Thomas E.
6.3 STREET ADDRESS 2110 Maryland
6.4 CITY-ST-ZIP Muskegon, MI 49441

☐ Change

☒ Addition

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, with all other like empowered.

Thomas C. Payne, M.D.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Jan 26, 1999 (517) 324-6294

Date

Daytime Phone #

0527077

CR2E034 (11/98)