

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005532

1. Entity Name

MUTUAL INSURANCE CORPORATION OF AMERICA

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90131 029 \*\*\*150.00

Principal Place of Business

Mailing Address

1301 N. HAGADORN RD.  
EAST LANSING MI 48823

PO BOX 1471  
EAST LANSING MI 48826-1471

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-2102867

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDC	<input type="checkbox"/> Delete
NAME	BERGLUND, THOMAS R	
STREET ADDRESS	7901 ANGLING RD., #B-201	
CITY-ST-ZIP	PORTAGE MI 49002	
TITLE	V	<input type="checkbox"/> Delete
NAME	BAUMANN, BILLY B	
STREET ADDRESS	461 W. HURON ST.	
CITY-ST-ZIP	PONTIAC MI 48341	
TITLE	V	<input type="checkbox"/> Delete
NAME	EMERICK, MYRON R	
STREET ADDRESS	35103 SILVANO DR.	
CITY-ST-ZIP	CLINTON TOWNSHIP MI 48035	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PAYNE, THOMAS C MD	
STREET ADDRESS	1800 BRAMBLE DR.	
CITY-ST-ZIP	EAST LANSING MI 48823	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, JOHN W MD	
STREET ADDRESS	560 W. MITCHELL	
CITY-ST-ZIP	PETOSKEY MI 49770	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HENCH, RICHARD F MD	
STREET ADDRESS	925 CHINOE CT.	
CITY-ST-ZIP	LEXINGTON KY 40502	

TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berglund, Thomas R., MD	
STREET ADDRESS	7901 Angling Rd. # B-201	
CITY-ST-ZIP	Portage, MI 49002	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VonderHaar, William P., MD	
STREET ADDRESS	1400 Willow Ave., Unit 1104	
CITY-ST-ZIP	Louisville, KY 40204-1464	

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.

SIGNATURE: William B. Chesser  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/00 (517) 351-1150

Date

Daytime Phone #

CR2E034 (9/99)