

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90070 037 ***150.00

DOCUMENT # F97000005532
1. Entity Name
AMERICAN PHYSICIANS ASSURANCE CORPORATION



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **38-2102867**

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

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BERGLUND, THOMAS R 7901 ANGLING RD., #B-201 PORTAGE MI 49002 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAUMANN, BILLY B 461 W. HURON ST. PONTIAC MI 48341 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EMERICK, MYRON R 35103 SILVANO DR. CLINTON TOWNSHIP MI 48035 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYNE, THOMAS C 1800 BRAMBLE DR. EAST LANSING MI 48823 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, JOHN W MD 560 W. MITCHELL PETOSKEY MI 49770 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VONDERHAAR, WILLIAM P MD 1400 WILLOW AVE UNIT 1104 LOUISVILLE KY 40204 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

01/15/03 517 351-1150
Date Daytime Phone #

CR2E034 (10/02)

American Physicians Assurance Corporation
Board of Directors

8006764

William B. Cheeseman, Director
728 Audubon
East Lansing, MI 48823

Frank H. Freund, Treasurer
2949 Audrey's Way
East Lansing, MI 48823

John W. Hall, MD, Director
560 W. Mitchell
Petoskey, MI 49770

Stephen H. Haynes, MD, Director
1617 Fairway Terrace
Clovis, NM 88101

Monte D Jahnke, Secretary
333 Touraine Rd.
Grosse Pointe Farms, MI

Thomas C. Payne, Chair
1800 Bramble Dr.
East Lansing, MI 48823

Mitchell A. Rinek, MD, Director
4815 Ramblewood Ln.
Okemos, MI

Spencer Schneider, Director
10 Waterside Plaza
NY, NY 10010

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622 Orchard St
East Lansing, MI 48823

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2110 Maryland
Muskegon, MI 49441

William P. VonderHaar, MD, Director
1400 Willow Ave., Unit 1104
Louisville, KY 40204