2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2010
Secretary of State

DOCUMENT# P09000054662

Entity Name: HARTLAND INSURANCE GROUP, INC.

Current Principal Place of Business:

691 N. SQUIRREL ROAD
190
AUBURN HILLS, MI 483262863 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 215080
AUBURN HILLS, MI 483215080 US

New Mailing Address:

FEI Number: 38-3294754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEMS
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: COFFEY, MICHAEL B
Address: 5242 TIMBERBEND DRIVE
City-St-Zip: BRIGHTON, MI 48116 US

Title: D
Name: COFFEY, ADAM E
Address: 24031 VIA SERENO
City-St-Zip: VALENCIA, CA 91354 US

Title: D
Name: BLOOMFIELD, WILLIAM JR.
Address: 940 1ST STREET
City-St-Zip: MANHATTAN BEACH, CA 90266 US

Title: D
Name: BLOOMFIELD, WILLIAM III
Address: 940 1ST STREET
City-St-Zip: MANHATTAN BEACH, CA 90266 US

Title: D
Name: BLOOMFIELD, WYATT
Address: 940 1ST STREET
City-St-Zip: MANHATTAN BEACH, CA 90266 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LOUIS GUIDONE CFO 04/22/2010

Electronic Signature of Signing Officer or Director Date