

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000054662

FILED  
May 16, 2012  
Secretary of State

**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 48321 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:**

C T CORPORATION SYSTEM  
1200 SOUTH 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

**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: MICHAEL COFFEY

CEO

05/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date