

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

112

FILED

06 NOV 20 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P10626

1. Entity Name
PROFESSIONAL LIFE UNDERWRITERS SERVICES, INC.



Principal Place of Business
**20700 CIVIC CENTER DRIVE
SUITE 240
SOUTHFIELD, MI 48076**

Mailing Address
**P.O BOX 837
SOUTHFIELD, MI 48076**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
**20700 Civic Center Drive
Suite 240**

City & State
Southfield, MI

Zip
48076

Country
USA

11132006 Chg-P CR2E034 (11/05)

4. FEI Number
38-2317570

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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 _____

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

DATE **11/29/06--01026--011 **\$61.25**

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT MARTIN, ANDREA D 6966 HOLIDAY BLOOMFIELD HILLS, MI	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEST, LLOYD A. 2407 ELMHURST AVE ROYAL OAK, MI 48073	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD SIEGAL, MICHELE A 20081 RONSDALE BEVERLY HILLS, MI 48025	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP SPRADLIN, CARL E JR. 3551 HAMLIN RD MC 2413 AUBURN HILLS, MI	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS GERSCH, NICOLE V 500 WOODWARD, MC 3391 DETROIT, MI 48226	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Ross E. Rogers 500 Woodward Avenue Detroit, MI 48226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP/T Steven H. Turtz 500 Woodward Avenue Detroit, MI 48226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP John C. Sousan 500 Woodward Avenue Detroit, MI 48226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP/S Lisa A. Walker 500 Woodward Avenue Detroit, MI 48226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP/Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHMENT FOR COMPLETE LIST OF DIRECTORS/OFFICERS	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert W. Spencer, Jr. **11/15/2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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STATE OF FLORIDA
SECRETARY OF STATE

2006 FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT

Professional Life Underwriters Services, Inc.
Document No. P10626

DIRECTORS/OFFICERS

Name:	Title (See Key):
Ross E. Rogers*	D/P
Steven H. Turtz*	1VP/T
John C. Sousan*	1VP
Lisa A. Walker*	1VP/S
Nicole V. Gersch*	D/1VP/AS
Marc L. Sheuer*	1VP
Lloyd A. West*	D/VP
Robert W. Spencer, Jr.*	VP/AS

*Business address for each of these individuals is:

500 Woodward Avenue
Detroit, MI 48226

KEY:

D = Director
P = President
1VP = First Vice President
T = Treasurer
S = Secretary
AS = Assistant Secretary
VP = Vice President