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FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P27645 (1)

1. Corporation Name
GREAT MIDWEST INSURANCE COMPANY

Principal Place of Business
325 84TH STR SW
BYRON CENTER MI 49315
US

Mailing Address
820 GESSNER RD
STE 150
HOUSTON TX 77024-4258
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 9821 Katy Freeway

Suite, Apt. #, etc.

27 Suite 850

City & State

28 Houston, TX

Zip

Country

29 77024-1206

30 Harris

3. Date Incorporated or Qualified
01/09/1990

3a. Date of Last Report
01/30/1996

4. FEI Number

76-0154296

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person or persons authorized to register agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMAS, RAYMOND L.	
STREET ADDRESS	820 GESSNER 150	
CITY - ST - ZIP	HOUSTON TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POSTON, PAUL E.	
STREET ADDRESS	820 GESSNER 150	
CITY - ST - ZIP	HOUSTON TX	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HARTMANN-LINCK, SUZANNE	
STREET ADDRESS	820 GESSNER 150	
CITY - ST - ZIP	HOUSTON TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAN DAM, WAYNE A	
STREET ADDRESS	325 84TH STREET SW	
CITY - ST - ZIP	BYRON CENTER MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOOD, ROBERT L.	
STREET ADDRESS	333 ALBERT, #500	
CITY - ST - ZIP	E. LANSING MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNABY, MERLE S.	
STREET ADDRESS	325 84TH STREET	
CITY - ST - ZIP	BYRON CENTER MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9821 Katy Freeway, Suite 850
1.4 CITY - ST - ZIP	Houston, TX 77024-1206
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	9821 Katy Freeway, Suite 850
2.4 CITY - ST - ZIP	Houston, TX 77024-1206
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	9821 Katy Freeway, Suite 850
3.4 CITY - ST - ZIP	Houston, TX 77024-1206
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Suzanne Hartmann-Linck Suzanne Hartmann-Linck

1/7/97

(713) 935-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)