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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90022 002 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P27645

1. Corporation Name

GREAT MIDWEST INSURANCE COMPANY

Principal Place of Business

**325 84TH ST. SW
BYRON CENTER MI 49315
US**

Mailing Address

**9821 KATY FREEWAY
SUITE 850
HOUSTON TX 77024-1206
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1990

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STATE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **THOMAS, RAYMOND L.**

STREET ADDRESS **9821 KATY FREEWAY STE 850**

CITY-ST-ZIP **HOUSTON TX**

TITLE **VD** ☐ DELETE

NAME **POSTON, PAUL E.**

STREET ADDRESS **9821 KATY FREEWAY STE 850**

CITY-ST-ZIP **HOUSTON TX**

TITLE **ST** ☐ DELETE

NAME **HARTMANN-LINCK, SUZANNE**

STREET ADDRESS **9821 KATY FREEWAY STE 850**

CITY-ST-ZIP **HOUSTON TX**

TITLE **D** ☐ DELETE

NAME **VAN DAM, WAYNE A**

STREET ADDRESS **325 84TH STREET SW**

CITY-ST-ZIP **BYRON CENTER MI**

TITLE **D** ☐ DELETE

NAME **HOOD, ROBERT L.**

STREET ADDRESS **333 ALBERT, #500**

CITY-ST-ZIP **E. LANSING MI**

TITLE **D** ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 change is, or on an attachment with an address, with all other like empowered

SIGNATURE: Suzanne Hartmann-Linck Suzanne Hartmann-Linck

04/20/99

713-935-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)