

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90124 001 ***550.00

DOCUMENT # P27645

1. Entity Name

GREAT MIDWEST INSURANCE COMPANY

Principal Place of Business

**325 84TH STR SW
 BYRON CENTER MI 49315
 US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

76-0154296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$550.00
 After September 13, 2002 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
 NAME THOMAS, RAYMOND L.
 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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
 NAME Oster, Sheldon I.
 STREET ADDRESS 9821 Katy Freeway, Suite 850
 CITY-ST-ZIP Houston, TX

TITLE D ☐ Change ☒ Addition
 NAME McClune-Gobler, Linda K.
 STREET ADDRESS 221 North Walnut
 CITY-ST-ZIP E. Lansing, MI 48933

TITLE D ☐ Change ☒ Addition
 NAME Zimmerman, Stephen H.
 STREET ADDRESS 308 Chesterfield Parkway
 CITY-ST-ZIP E. Lansing, MI

TITLE D ☐ Change ☒ Addition
 NAME Snider, Van W.
 STREET ADDRESS 25195 Westmoreland Dr.
 CITY-ST-ZIP Farmington Hills, MI

TITLE D ☐ Change ☒ Addition
 NAME Griffin, Charles P.
 STREET ADDRESS 34 Rector Street
 CITY-ST-ZIP Metuchen, NJ

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Suzanne Hartmann-Linck
 Suzanne Hartmann-Linck

8/28/02

713-935-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)