

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P27645**
1. Entity Name
GREAT MIDWEST INSURANCE COMPANY



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90212 037 ***150.00

0654669 AT

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**

☐ CHECK HERE IF MAKING CHANGES

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **THOMAS, RAYMOND L.**
STREET ADDRESS **9821 KATY FREEWAY STE 850**
CITY-ST-ZIP **HOUSTON TX**

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

TITLE **ST** ☐ Delete
NAME **HARTMANN-LINCK, SUZANNE**
STREET ADDRESS **9821 KATY FREEWAY STE 850**
CITY-ST-ZIP **HOUSTON TX**

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

TITLE **D** ☐ Delete
NAME **OSTER, SHELDON I**
STREET ADDRESS **9821 KATY FREEWAY SUITE 850**
CITY-ST-ZIP **HOUSTON TX**

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

TITLE **D** ☐ Delete
NAME **HOOD, ROBERT L.**
STREET ADDRESS **333 ALBERT, #500**
CITY-ST-ZIP **E. LANSING MI**

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

TITLE **D** ☐ Delete
NAME **BARNABY, MERLE S.**
STREET ADDRESS **325 84TH STREET**
CITY-ST-ZIP **BYRON CENTER MI**

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

TITLE **D** ☐ Delete
NAME **MCCLUNE-GOBLER, LINDA K**
STREET ADDRESS **221 NORTH WALNUT**
CITY-ST-ZIP **E LANSING MI**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Suzanne Hartmann-Linck* **Suzanne Hartmann-Linck**

04/10/2003

713-935-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment
90117014
P27645

Great Midwest Insurance Company
FEDERAL ID# 76-0154296
2003 For Profit Corporation Uniform Business Report (UBR)
Separate Sheet For Items 10 & 11

Item 10. Officers and Directors Which Have Not Changed:

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

TITLE: D
NAME: Snider, Van W.
STREET ADDRESS: 25195 Westmoreland Dr.
CITY-ST-ZIP: E. Lansing, MI

TITLE: D
NAME: Griffin, Charles P.
STREET ADDRESS: 34 Rector Street
CITY-ST-ZIP: Metuchen, NJ

Item 11. Additions/Changes to Officers and Directors:

TITLE: D (This is an addition)
NAME: Schinnerer, Jr., Edward M.
STREET ADDRESS: 325 84th Street
CITY-ST-ZIP: Byron Center, MI