

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808499

Entity Name: AUTO-OWNERS INSURANCE COMPANY

Current Principal Place of Business:

6101 ANACAPRI BLVD.
LANSING, MI 48917

Current Mailing Address:

6101 ANACAPRI BLVD.
LANSING, MI 48917

FEI Number: 38-0315280

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D, SVP, TREASURER
Name REINBOLD, THEODORE W
Address 6101 ANACAPRI BLVD.
City-State-Zip: LANSING MI 48917

Title D, FIRST VP, SECRETARY, GC
Name WOODBURY, WILLIAM F
Address 6101 ANACAPRI BLVD.
City-State-Zip: LANSING MI 48917

Title D, PRESIDENT
Name PIKE, MICHAEL D
Address 6101 ANACAPRI BLVD.
City-State-Zip: LANSING MI 48917

Title D, CEO
Name WHISNANT, JAMIE P
Address 6101 ANACAPRI BLVD.
City-State-Zip: LANSING MI 48917

Title D, CHAIRMAN
Name TAGSOLD, JEFFREY S
Address 6101 ANACAPRI BLVD.
City-State-Zip: LANSING MI 48917

Title D, EVP
Name LINDEMEYER, ANDREA L
Address 6101 ANACAPRI BLVD.
City-State-Zip: LANSING MI 48917

Title D, CIO
Name DEAN, ANTHONY O
Address 6101 ANACAPRI BLVD.
City-State-Zip: LANSING MI 48917

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM F. WOODBURY

**FIRST VICE PRESIDENT, 03/01/2022
SECRETARY AND
GENERAL COUNSEL**

Electronic Signature of Signing Officer/Director Detail

Date