

**2024 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 AND CIO  
Name DEAN , ANTHONY O  
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

*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

**SECRETARY**

**02/08/2024**

Electronic Signature of Signing Officer/Director Detail

Date