

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000005230

**Entity Name:** MICHIGAN MUTUAL INC.**Current Principal Place of Business:**800 MICHIGAN STREET  
PORT HURON, MI 48060**Current Mailing Address:**800 MICHIGAN STREET  
PORT HURON, MI 48060**FEI Number:** 38-3092473**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 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	PRESIDENT
Name	PARLOVE, VINCENT A
Address	100 GALLERIA OFFICENTRE STE 111
City-State-Zip:	SOUTHFIELD MI 48034

Title	CEO
Name	WALKER, MARK M
Address	800 MICHIGAN STREET
City-State-Zip:	PORT HURON MI 48060

Title	VPS
Name	WALKER, HALE H
Address	800 MICHIGAN STREET
City-State-Zip:	PORT HURON MI 48060

Title	EVP
Name	CANSFIELD, MICHAEL J
Address	800 MICHIGAN STREET
City-State-Zip:	PORT HURON MI 48060

Title	EVP
Name	BABIN, SCOTT
Address	100 GALLERIA OFFICENTRE SUITE 111
City-State-Zip:	SOUTHFIELD MI 48034

*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:** MARK M. WALKER

CEO

04/26/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date