

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000005230

**Entity Name:** MICHIGAN MUTUAL INC.

**Current Principal Place of Business:**

911 MILITARY STREET  
PORT HURON, MI 48060

**Current Mailing Address:**

911 MILITARY STREET  
PORT HURON, MI 48060 US

**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            DIRECTOR  
Name            WALKER, MARK M  
Address        911 MILITARY STREET  
City-State-Zip: PORT HURON MI 48060

Title            VPS  
Name            WALKER, HALE H  
Address        911 MILITARY STREET  
City-State-Zip: PORT HURON MI 48060

Title            EVP  
Name            CANSFIELD, MICHAEL J  
Address        911 MILITARY STREET  
City-State-Zip: PORT HURON MI 48060

Title            CEO  
Name            CARR, BRUCE  
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**

**DIRECTOR**

**04/04/2017**

Electronic Signature of Signing Officer/Director Detail

Date