

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213518402

1.) CORPORATION NAME:

FRANKENMUTH MUTUAL INSURANCE COMPANY

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1333402**

5.) STOCK INFORMATION

CLASS AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE MUTUAL AVENUE

CITY/ST/ZIP: FRANKENMUTH, MI 48787-0001

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JOHN STEWART BENSON				
TITLE:	P/CEO/CHAIRMAN				
ADDRESS:	ONE MUTUAL AVENUE				
CITY/ST/ZIP/CO:	FRANKENMUTH, MI 48787-0001				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	BRIAN S MCLEOD				
TITLE:	VP/T/S				
ADDRESS:	ONE MUTUAL AVE				
CITY/ST/ZIP/CO:	FRANKENMUTH, MI 48787-0001				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	FREDERICK A EDMOND JR				
TITLE:	SR VP				
ADDRESS:	ONE MUTUAL AVENUE				
CITY/ST/ZIP/CO:	FRANKENMUTH, MI 48787-0001				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	MORRALL MANUEL CLARAMUNT				
TITLE:	DIRECTOR				
ADDRESS:	ONE MUTUAL AVENUE				
CITY/ST/ZIP/CO:	FRANKENMUTH, MI 48787-0001				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	DAVID R JOHNSTON				
TITLE:	DIRECTOR				
ADDRESS:	ONE MUTUAL AVE				
CITY/ST/ZIP/CO:	FRANKENMUTH, MI 48787-0001				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	DAVID F HONOLD				
TITLE:	SR VP				
ADDRESS:	ONE MUTUAL AVENUE				
CITY/ST/ZIP/CO:	FRANKENMUTH, MI 48787-0001				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DREW R ZEHNDER DIRECTOR ONE MUTUAL AVENUE FRANKENMUTH, MI 48787-0001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES E WILDS DIRECTOR ONE MUTUAL AVENUE FRANEKNMUTH, MI 48787-0001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID A PENDLETON DIRECTOR ONE MUTUAL AVENUE FRANKENMUTH, MI 48787-0001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACK R RUMMEL DIRECTOR ONE MUTUAL AVENUE FRANKENMUTH, MI 48787-0001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LYLE G DAVIS JR DIRECTOR ONE MUTUAL AVENUE FRANKENMUTH, MI 48787-0001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDALL S TRINKLEIN VICE PRESIDENT ONE MUTUAL AVENUE FRANKENMUTH, MI 48787-0001	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILIP J MCCAIN VICE PRESIDENT ONE MUTUAL AVENUE FRANKENMUTH, MI 48787-0001	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRYAN L GILLELAND VICE PRESIDENT ONE MUTUAL AVENUE FRANKENMUTH, MI 48787-0001	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW H KNUDSEN VICE PRESIDENT ONE MUTUAL AVENUE FRANKENMUTH, MI 48787-0001	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ BRIAN S MCLEOD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRIAN S MCLEOD, VP/T/S PRINTED NAME AND CORPORATE TITLE	4/18/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			