

1.) CORPORATION NAME: <b>Michigan Mutual, Inc.</b>	DUE DATE: <b>10/31/2013</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA</b>	SCC ID NO: <b>F1724162</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>50,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	50,000
CLASS	AUTHORIZED				
COMMON	50,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>MI</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 800 MICHIGAN ST  
CITY/ST/ZIP: PORT HURON, MI 48060

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: VINCENT A PARLOVE TITLE: PRESIDENT ADDRESS: 100 GALLERIA OFFICENTRE STE 210 CITY/ST/ZIP/CO: SOUTHFIELD, MI 48034		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL J CANSFIELD TITLE: EXEC VP ADDRESS: 800 MICHIGAN ST CITY/ST/ZIP/CO: PORT HURON, MI 48060		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HALE H WALKER TITLE: VP/SEC ADDRESS: 800 MICHIGAN ST CITY/ST/ZIP/CO: PORT HURON, MI 48060		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SHARON M SMITH TITLE: CFO/T ADDRESS: 800 MICHIGAN ST CITY/ST/ZIP/CO: PORT HURON, MI 48060		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARK M WALKER TITLE: CEO ADDRESS: 800 MICHIGAN ST CITY/ST/ZIP/CO: PORT HURON, MI 48060		

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/ VINCENT A PARLOVE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VINCENT A PARLOVE, PRESIDENT PRINTED NAME AND CORPORATE TITLE	8/27/2013 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.