

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000004249

**Entity Name:** MACKINAW UNDERWRITERS, INC.

**Current Principal Place of Business:**

26255 AMERICAN DRIVE  
SOUTHFIELD, MI 48034

**Current Mailing Address:**

26255 AMERICAN DRIVE  
SOUTHFIELD, MI 48034

**FEI Number:** 71-1051888

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 CHAIRMAN  
Name KEITH, TRICIA A.  
Address 600 E. LAFAYETTE BOULEVARD  
City-State-Zip: DETROIT MI 48226

Title VC  
Name CORLESS, LISA M.  
Address 200 N. GRAND AVENUE  
City-State-Zip: LANSING MI 48933

Title DIRECTOR  
Name PHILLIPS, ANTHONY G.  
Address 200 N. GRAND AVENUE  
City-State-Zip: LANSING MI 48933

Title PRESIDENT  
Name BROWN, BILL  
Address 26255 AMERICAN DRIVE  
City-State-Zip: SOUTHFIELD MI 48034

Title TREASURER  
Name PHILLIPS, ANTHONY G.  
Address 200 N. GRAND AVENUE  
City-State-Zip: LANSING MI 48933

Title SECRETARY  
Name ELLIOTT, BOBBI J.  
Address 200 N. GRAND AVENUE  
City-State-Zip: LANSING MI 48933

*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:** BOBBI J. ELLIOTT

**SECRETARY**

**04/26/2024**

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

\_\_\_\_\_  
Date