State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Certificate Request Form

Request Information

ID	ENTITY NAME	CERTIFICATE TYPE
001733681	Michigan Mutual, Inc.	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Donna Booth
Business Name: Michigan Mutual, Inc.
No. and Street: 911 Military Street
City or Town: Port Huron State: MI Zip: 48060 Country: USA
Contact Phone: 248-286-9180 ext:
Contact Email: dbooth@michiganmutual.com