


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2006 8:00 am
Secretary of State

07-20-2006 90001 004 ***150.00

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| DOCUMENT # F05000003499 |  |
| 1. Entity Name VICTORIA INSURANCE COMPANY | |

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| Principal Place of Business 2301 E. LAMAR BLVD., 5TH FLOOR ARLINGTON, TX 76006 | Mailing Address 30833 NORTHWESTERN HWY, SUITE 220 FARMINGTON HILLS, MI 48334 |
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40100247

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| 2. Principal Place of Business 30833 NORTHWESTERN HWY Suite, Apt. #, etc. SUITE 220 City & State FARMINGTON HILLS, MI Zip 48334 Country OAKLAND | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | |
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07122006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 23-0597040-31-1674992 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CP KAUFMAN, ALAN J 30833 NORTHWESTERN HWY, SUITE 220 FARMINGTON HILLS, MI 48334 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KAUFMAN, ALAN J 30833 Northwestern Hwy Ste 220 Farmington Hills, MI 48334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCCORD, WILLIAM M 30833 NORTHWESTERN HWY, SUITE 220 FARMINGTON HILLS, MI 48334 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Muldowney, Daniel T 30833 Northwestern Hwy, Ste 220 Farmington Hills MI 48334 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KIERNAN, STEVEN P 30833 NORTHWESTERN HWY, SUITE 220 FARMINGTON HILLS, MI 48334 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Marilyn A Heckel 30833 Northwestern Hwy Ste 220 Farmington Hills MI 48334 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PRICE, DAVID J 30833 NORTHWESTERN HWY, SUITE 220 FARMINGTON HILLS, MI 48334 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SCHNEIDER, KENNETH A 30833 NORTHWESTERN HWY, SUITE 220 FARMINGTON HILLS, MI 48334 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CARSON, DONALD R 30833 NORTHWESTERN HWY, SUITE 220 FARMINGTON HILLS, MI 48334 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel T. Muldowney 7/12/06 (248) 539-6029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #