


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90018 022 \*\*\*550.00

<b>DOCUMENT # F05000003499</b>					
<b>1. Entity Name</b> VICTORIA INSURANCE COMPANY					
<b>Principal Place of Business</b> 30833 NORTHWESTERN HWY SUITE 220 FARMINGTON, MI 48334			<b>Mailing Address</b> 30833 NORTHWESTERN HWY, SUITE 220 FARMINGTON HILLS, MI 48334		
<b>2. Principal Place of Business - No P.O. Box #</b> 30833 Northwestern Hwy			<b>3. Mailing Address</b>		
Suite, Apt. #, etc. Suite 220			Suite, Apt. #, etc.		
City & State Farmington Hills, MI			City & State		
Zip 48334		Country USA		Zip	
Country		<b>4. FEI Number</b> 31-1674992			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
FL			FL		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 14, 2007</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D	<b>NAME</b> KAUFMAN, ALAN J		<b>TITLE</b> P	<b>NAME</b> Muldowney, Daniel T	
<b>STREET ADDRESS</b> 30833 NORTHWESTERN HWY, SUITE 220	<b>CITY-ST-ZIP</b> FARMINGTON HILLS, MI 48334		<b>STREET ADDRESS</b> 30833 Northwestern Hwy Ste 220	<b>CITY-ST-ZIP</b> Farmington Hills, MI 48334	
<b>TITLE</b> D	<b>NAME</b> MCCORD, WILLIAM M		<b>TITLE</b> S/D	<b>NAME</b> Heckel, Marilyn A	
<b>STREET ADDRESS</b> 30833 NORTHWESTERN HWY, SUITE 220	<b>CITY-ST-ZIP</b> FARMINGTON HILLS, MI 48334		<b>STREET ADDRESS</b> 30833 Northwestern Hwy, Ste 220	<b>CITY-ST-ZIP</b> Farmington Hills, MI 48334	
<b>TITLE</b> D	<b>NAME</b> KIERNAN, STEVEN P		<b>TITLE</b> T	<b>NAME</b> Martin, Michael O.	
<b>STREET ADDRESS</b> 30833 NORTHWESTERN HWY, SUITE 220	<b>CITY-ST-ZIP</b> FARMINGTON HILLS, MI 48334		<b>STREET ADDRESS</b> 30833 Northwestern Hwy Ste 220	<b>CITY-ST-ZIP</b> Farmington Hills, MI 48334	
<b>TITLE</b> V	<b>NAME</b> PRICE, DAVID J		<b>TITLE</b> D	<b>NAME</b> Shae vsky, Mark	
<b>STREET ADDRESS</b> 30833 NORTHWESTERN HWY, SUITE 220	<b>CITY-ST-ZIP</b> FARMINGTON HILLS, MI 48334		<b>STREET ADDRESS</b> 30833 Northwestern Hwy, Ste 220	<b>CITY-ST-ZIP</b> Farmington Hills, MI 48334	
<b>TITLE</b> V	<b>NAME</b> SCHNEIDER, KENNETH A		<b>TITLE</b> D	<b>NAME</b> Munson, William Leslie	
<b>STREET ADDRESS</b> 30833 NORTHWESTERN HWY, SUITE 220	<b>CITY-ST-ZIP</b> FARMINGTON HILLS, MI 48334		<b>STREET ADDRESS</b> 30833 Northwestern Hwy, Ste 220	<b>CITY-ST-ZIP</b> Farmington Hills, MI 48334	
<b>TITLE</b> V	<b>NAME</b> CARSON, DONALD R		_____		
<b>STREET ADDRESS</b> 30833 NORTHWESTERN HWY, SUITE 220	<b>CITY-ST-ZIP</b> FARMINGTON HILLS, MI 48334		_____		
<b>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.</b>					
<b>SIGNATURE:</b> Michael O. Martin, MICHAEL O. MARTIN 5/15/07 (248) 539-6006					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					