FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **809782** **(6)**

1. Corporation Name
MUTUAL OF DETROIT INSURANCE COMPANY

Principal Place of Business	Mailing Address
333 PLYMOUTH ROAD BOX # 500 PLYMOUTH MICHIGAN 48170	333 PLYMOUTH ROAD BOX # 500 PLYMOUTH MICHIGAN 48170

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/28/1954**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **38-0480186** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TARDONIA,GEORGE J
120 SE 26TH AVENUE
BOYTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	HUGHES, H. H	1.2 NAME		
STREET ADDRESS	5800 HOOVER AVE.	1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN TRAIL NC	1.4 CITY-ST-ZIP		
TITLE	VSD	2.1 TITLE		☐ Change ☐ Addition
NAME	LOVE, J.M.	2.2 NAME		
STREET ADDRESS	3377 TIQUEWOOD CIRCLE	2.3 STREET ADDRESS		
CITY-ST-ZIP	MILFORD MI	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, S	3.2 NAME		
STREET ADDRESS	2627 RENSHAW	3.3 STREET ADDRESS		
CITY-ST-ZIP	TROY, MI 00000	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, R.J.	4.2 NAME		
STREET ADDRESS	111 MILFORD MEADOWS	4.3 STREET ADDRESS		
CITY-ST-ZIP	MILFORD MI	4.4 CITY-ST-ZIP		
TITLE	PD	5.1 TITLE	C/P/D	☐ Change ☐ Addition
NAME	BLUE, D. M.	5.2 NAME		
STREET ADDRESS	18320 LARAUGH DRIVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	NORTHVILLE MI	5.4 CITY-ST-ZIP		
TITLE	CD	6.1 TITLE	D	☐ Change ☐ Addition
NAME	FIELDS, R.M.	6.2 NAME		
STREET ADDRESS	6533 RED CEDAR LANE	6.3 STREET ADDRESS		
CITY-ST-ZIP	UNION LAKE MI	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeffrey A. Knight 4-21-95 313/453-8500
MANUALLY SIGNATURE AND TYPED OR PRINTED NAME OF AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

0479872 FF

800782

ATTACHMENT
TO

FLORIDA DEPARTMENT OF STATE
CORPORATION 1995 ANNUAL REPORT

MUTUAL OF DETROIT INSURANCE COMPANY
333 PLYMOUTH ROAD
P.O. BOX 500
PLYMOUTH, MI 48170-1448

ADDITION TO PARTS 12 AND 13 -- OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS	
7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP	D GERLACH, R.B. P.O. BOX 241 GRANTHAM, NH 03753	7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP	
8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP	D MICHALAK, J.A. 10404 ORCHARD BLOSSOM DR FENTON, MI 48430	8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP	
9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP	T KNIGHT, J.A. 1509 WARWICK COURT ANN ARBOR, MI 48103	9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP	V/T

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