

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **809782** (6)

1. Corporation Name

MUTUAL OF DETROIT INSURANCE COMPANY

Principal Place of Business

**333 PLYMOUTH ROAD
BOX # 500
PLYMOUTH MICHIGAN 48170**

Mailing Address

**333 PLYMOUTH ROAD
BOX # 500
PLYMOUTH MICHIGAN 48170**



3. Date Incorporated or Qualified

04/28/1954

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D HUGHES, H. H**
STREET ADDRESS **5800 HOOVER AVE.**
CITY - ST - ZIP **INDIAN TRAIL NC**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **LOVE, J.M.**
STREET ADDRESS **18371 TOWNWOOD CIRCLE**
CITY - ST - ZIP **MILFORD MI**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VD**
2.3 STREET ADDRESS **22500 Devron Court**
2.4 CITY - ST - ZIP **Novi, MI**

TITLE ☐ DELETE
NAME **D CLARK, S**
STREET ADDRESS **2627 RENSHAW**
CITY - ST - ZIP **TROY, MI 00000**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **V JOHNSON, R.J.**
STREET ADDRESS **111 MILFORD MEADOWS**
CITY - ST - ZIP **MILFORD MI**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **CPD BLUE, D. M.**
STREET ADDRESS **18320 LARAUGH DRIVE.**
CITY - ST - ZIP **NORTHVILLE MI**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **D FIELDS, R.M.**
STREET ADDRESS **6533 RED CEDAR LANE**
CITY - ST - ZIP **UNION LAKE MI**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Jeffrey A. Knight 4-22-96

(313) 453-8500