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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 48170-1448



3. Date Incorporated or Qualified 04/28/1954	3a. Date of Last Report 04/26/1996
4. FEI Number 38-0480186	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

TARDONIA, GEORGE J
120 SE 28TH 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HUGHES, H. H.	
STREET ADDRESS	5800 HOOVER AVE.	
CITY-ST-ZIP	INDIAN TRAIL NC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LOVE, J.M.	
STREET ADDRESS	22500 DEVRON CT	
CITY-ST-ZIP	NOVI MI	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RENSHAW	
STREET ADDRESS	2627 RENSHAW	
CITY-ST-ZIP	TROY, MI 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOHNSON, R.J.	
STREET ADDRESS	111 MILFORD MEADOWS	
CITY-ST-ZIP	MILFORD MI	
TITLE	CPD	<input type="checkbox"/> DELETE
NAME	BLUE, D. M.	
STREET ADDRESS	18320 LARAUGH DRIVE.	
CITY-ST-ZIP	NORTHVILLE MI	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FIELDS, R.M.	
STREET ADDRESS	8533 RED CEDAR LANE	
CITY-ST-ZIP	UNION LAKE MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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

Jeffrey A. Knight

4/30/97

(313)453-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

ATTACHMENT
TO
FLORIDA DEPARTMENT OF STATE
PROFIT CORPORATION ANNUAL REPORT
1997

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

ADDITION TO PARTS 12 AND 13 - OFFICERS AND DIRECTORS

12 OFFICERS AND DIRECTORS		13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MICHALAK, J. A. 10404 ORCHARD BLOSSOM DR FENTON, MI 48430 <input type="checkbox"/> DELETE	8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD KNIGHT, J. A. 1609 WARWICK COURT ANN ARBOR, MI 48103 <input type="checkbox"/> DELETE	9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP	D RAYMOND E. TRAVIS 19304 OLD BRIDGE COURT NORTHVILLE, MI 48167 <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION