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FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/28/1954	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		38-0480186	
24 Country		29 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETED	1.1 TITLE	Change Addition
NAME	HUGHES, H. H.	1.2 NAME	
STREET ADDRESS	8800 HOOVER AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN TRAIL NC	1.4 CITY-ST-ZIP	
TITLE	DELETED	2.1 TITLE	Change Addition
NAME	LOVE, J.M.	2.2 NAME	
STREET ADDRESS	22500 DEVRON CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	NOVI MI	2.4 CITY-ST-ZIP	
TITLE	DELETED	3.1 TITLE	Change Addition
NAME	JOHNSON, R.J.	3.2 NAME	
STREET ADDRESS	111 MILFORD MEADOWS	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILFORD MI	3.4 CITY-ST-ZIP	
TITLE	DELETED	4.1 TITLE	Change Addition
NAME	BLUE, D. M.	4.2 NAME	
STREET ADDRESS	18320 LARAUGH DRIVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHVILLE MI	4.4 CITY-ST-ZIP	
TITLE	DELETED	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETED	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 _____

CR2E034 (10/97)

ATTACHMENT
TO
FLORIDA DEPARTMENT OF STATE
PROFIT CORPORATION ANNUAL REPORT
1998

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. <input type="checkbox"/> DELETE 10404 ORCHARD BLOSSOM DR FENTON, MI 48430	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. <input type="checkbox"/> DELETE 4855 NORTHGATE DR ANN ARBOR, MI 48103	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	D RAYMOND E. TRAVIS <input type="checkbox"/> DELETE 18304 OLD BRIDGE COURT NORTHVILLE, MI 48167	9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION