

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90134 036 ***150.00

DOCUMENT # 809782

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

3. Date Incorporated or Qualified

04/28/1954

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 owes the current year Intangible
Personal Property Tax. ☐ 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

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	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		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-99

(734) 453-8500

Date

Daytime Phone #

CR2E034 (1/98)

809782

401075-90134-36

ATTACHMENT
TOFLORIDA DEPARTMENT OF STATE
PROFIT CORPORATION ANNUAL REPORT
1999MUTUAL 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 19304 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