


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90035 018 \*\*\*150.00

<b>DOCUMENT # 809782</b>	
1. Entity Name <b>MUTUAL OF DETROIT INSURANCE COMPANY</b>	

Principal Place of Business <b>333 PLYMOUTH ROAD BOX # 500 R.O. Box 700500 PLYMOUTH, MI 48170</b>	Mailing Address <b>333 PLYMOUTH ROAD BOX # 500 R.O. Box 700500 PLYMOUTH, MI 48170</b>
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**50003983**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01102005 Chg-P CR2E034 (10/03)

4. FEI Number <b>38-0480186</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>TARDONIA, GEORGE J 120 SE 26TH AVENUE BOYTON BEACH, FL 33435</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUGHES, H. H.</b>	NAME	
STREET ADDRESS	<b>5800 HOOVER AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>INDIAN TRAIL, NC</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOVE, J.M.</b>	NAME	
STREET ADDRESS	<b>22500 DEVON CT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NOVI, MI</b>	CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, R.J.</b>	NAME	
STREET ADDRESS	<b>111 MILFORD MEADOWS</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MILFORD, MI</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLUE, D. M.</b>	NAME	
STREET ADDRESS	<b>18320 LARAUGH DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NORTHVILLE, MI</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VSTD KNIGHT, JEFFREY A</b>	NAME	
STREET ADDRESS	<b>4855 NORTHGATE DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ANN ARBOR, MI 48103</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D TRAVIS, RAYMOND E</b>	NAME	
STREET ADDRESS	<b>19304 OLD BRIDGE COURT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NORTHVILLE, MI 48167</b>	CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*Jeffrey A. Knight* **JEFFREY A. KNIGHT** 1-10-05 7344538500