

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90015 036 ***150.00

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01042007 Chg-P CR2E034 (12/06)

DOCUMENT # 809782 1. Entity Name MUTUAL OF DETROIT INSURANCE COMPANY			
Principal Place of Business 333 PLYMOUTH ROAD PO BOX 700500 PLYMOUTH, MI 48170		Mailing Address 333 PLYMOUTH ROAD PO BOX 700500 PLYMOUTH, MI 48170	
2. Principal Place of Business - No P.O. Box # 333 Plymouth Road		3. Mailing Address 333 Plymouth Road	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Plymouth, MI		City & State Plymouth, MI	
Zip 48170		Zip 48170	
Country 		Country 	
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. Name and Address of Current Registered Agent TARDONIA, GEORGE J 120 SE 26TH AVENUE BOYTON BEACH, FL 33435		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right;"><small>DATE</small></div>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, H. H 5800 HOOVER AVE. INDIAN TRAIL, NC	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOVE, J.M. 22500 DEVRON CT NOVI, MI	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD BLUE, D. M. 18320 LARAUGH DRIVE. NORTHVILLE, MI	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD KNIGHT, JEFFREY A 4855 NORTHGATE DR ANN ARBOR, MI 48103	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAVIS, RAYMOND E 19304 OLD BRIDGE COURT NORTHVILLE, MI 48167	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, JOSEPH 152 NE 6TH ST OAK ISLAND, NC 28465	<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Jeffrey A. Knight</i> JEFFREY A. KNIGHT 1-4-07 7344538800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	