2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2006 8:00 am
Secretary of State
07-20-2006 90001 004 ***150.00

DOCUMENT # F05000003499

1. Entity Name
VICTORIA INSURANCE COMPANY

40100247

Principal Place of Business	Mailing Address
2301 E. LAMAR BLVD., 5TH FLOOR ARLINGTON, TX 76006	30833 NORTHWESTERN HWY, SUITE 220 FARMINGTON HILLS, MI 48334

07122006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
30833 NORTHWESTERN HWY	
Suite, Apt. #, etc.: SUITE 220	Suite, Apt. #, etc.
City & State: FARMINGTON HILLS, MI	City & State
Zip: 48334 Country: OAKLAND	Zip Country

4. FEI Number ~~23-0597040~~ 31-1674992 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP KAUFMAN, ALAN J 30833 NORTHWESTERN HWY, SUITE 220 FARMINGTON HILLS, MI 48334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAUFMAN, ALAN J 30833 Northwestern Hwy Ste 220 Farmington Hills, MI 48334	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCORD, WILLIAM M 30833 NORTHWESTERN HWY, SUITE 220 FARMINGTON HILLS, MI 48334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Muldowney, Daniel T 30833 Northwestern Hwy, Ste 220 Farmington Hills MI 48334	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIERNAN, STEVEN P 30833 NORTHWESTERN HWY, SUITE 220 FARMINGTON HILLS, MI 48334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Marilyn A Heckel 30833 Northwestern Hwy Ste 220 Farmington Hills MI 48334	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PRICE, DAVID J 30833 NORTHWESTERN HWY, SUITE 220 FARMINGTON HILLS, MI 48334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SCHNEIDER, KENNETH A 30833 NORTHWESTERN HWY, SUITE 220 FARMINGTON HILLS, MI 48334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CARSON, DONALD R 30833 NORTHWESTERN HWY, SUITE 220 FARMINGTON HILLS, MI 48334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Daniel T. Muldowney 7/12/06 (248) 539-6029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #