2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State
05-18-2007 90018 022 ***550.00

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1. Entity Name
VICTORIA INSURANCE COMPANY

Principal Place of Business	Mailing Address
30833 NORTHWESTERN HWY SUITE 220 FARMINGTON, MI 48334	30833 NORTHWESTERN HWY, SUITE 220 FARMINGTON HILLS, MI 48334

05102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
30833 Northwestern Hwy	
Suite, Apt. #, etc.: Suite 220	Suite, Apt. #, etc.
City & State: Farmington Hills, MI	City & State
Zip: 48334 Country: USA	Zip Country

4. FEI Number: 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 KAUFMAN, ALAN J 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 MCCORD, WILLIAM M 30833 NORTHWESTERN HWY, SUITE 220 FARMINGTON HILLS, MI 48334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Heckel, Marilyn A 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	T Martin, Michael O. 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	D Shaevsky, Mark 30833 Northwestern Hwy, Ste 220 Farmington Hills, MI 48334	☐ 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	D Munson, William Leslie 30833 Northwestern Hwy, Ste 220 Farmington Hills, MI 48334	☐ 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: Michael O. Martin MICHAEL O. MARTIN 5/15/07 (248)539-6006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #