


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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90090 033 ***150.00

0529473

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 805194
 1. Corporation Name
MOTORS INSURANCE CORPORATION



Principal Place of Business THREE EXECUTIVE BLVD. P O BOX 940 YONKERS NY 10702 US	Mailing Address 3044 WEST GRAND BOULEVARD MC: 482-1X3-301 DETROIT MI 48202 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 05/01/1949	4. FEI Number 38-0855585	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**STATE INSURANCE COMMISSIONER
 CAPITOL BUILDING
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	FINNEGAN, JOHN D	
STREET ADDRESS	3044 W GRAND BLVD	
CITY-ST-ZIP	DETROIT MI 48202	
TITLE	S	<input type="checkbox"/> DELETE
NAME	QUENNEVILLE, CATHY L	
STREET ADDRESS	3044 W GRAND BLVD	
CITY-ST-ZIP	DETROIT MI 48202	
TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	NOLL, WILLIAM B	
STREET ADDRESS	3044 W GRAND BLVD.	
CITY-ST-ZIP	DETROIT MI	
TITLE	EVPD	<input checked="" type="checkbox"/> DELETE
NAME	REDMOND, DONALD P	
STREET ADDRESS	ONE NATIONAL GENERAL PLAZA	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	BUSELMEIER, BERNARD J	
STREET ADDRESS	3044 WEST GRAND BLVD	
CITY-ST-ZIP	DETROIT MI	
TITLE	GC	<input type="checkbox"/> DELETE
NAME	FALIK, JOSEPH L	
STREET ADDRESS	3031 WEST GRAND BLVD	
CITY-ST-ZIP	DETROIT MI 34202	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	William F. Muir
4.3 STREET ADDRESS	3044 West Grand Blvd.
4.4 CITY-ST-ZIP	Detroit, MI 48202
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	John J. Dunn, Jr.
5.3 STREET ADDRESS	3044 West Grand Blvd.
5.4 CITY-ST-ZIP	Detroit, MI 48202
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: _____ Date: 3/11/99 Daytime Phone #: 313 556-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR03034 (1-1/98)