03-22-1999 90089 035 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 848922 1. Corporation Name

MIC GENERAL INSURANCE CORPORATION

								1			41 81811 8181 1881
Principal Place of Business Mailing Address											
3044 W GRAND BLVD 3044 W GRAN			4 W GRAND BLVD	AND BLVD							
DETROIT MI 48202			MC: 482-1X3-301					DO NOT WRITE IN THIS SPACE			
US			DETROIT MI 48202 US				H	3. Date Incorporated or Qualifed			
		03					-	04/23/1981	ı		
2. Principal P	lace of Business	2a.	Mailing Address					4. FEI Number			Applied For
21			26					35-1492884			Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.							\$8.7	5 Additional
22			27					5. Certificate of Status Desired		Fee	Required
City & State			City & State					6. Election Campaign Financing		\$5.0	00 May Be
23			28					Trust Fund Contribution		Add	ed to Fees
Zip Country			Zip Country				8. This corporation owes the current year Intangible				
24	25 29 30						Personal Property Tax.		X Yes	□No	
9. Name and Address of Current Registered Agent								0. Name and Address of New	Registered	Agent	
					81	Name)				
INSURANCE COMMISSIONER				82	Street	Address	ddress (P.O. Box Number is Not Acceptable)				
STATE OF FLORIDA											
CAPITOL BLDG					83						
TALLAHASSEE FL FL 32301				84						85 Z	Zip Code
						City			FL	- _ _	
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	502 and 60	07.1508, Florida State	utes, the a	bove	e-named	l corporat	tion submits this statement for the	e purpose of	changing	j its registered
office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e or Florid gations of,	Section 607.0505, F	lorida Stat	utes	tile corp	JUIAUUIIS	board of directors. Thereby acce	pt the appoi	nanon a	, regionarea
SIGNATURE		-									
SIGNATORE	Signature, typed or printed name of registered a	gent and title if	f applicable. (NO		l Ager	nt signature	required who	en reinstating)	DATE		27000 01 40
12.	OFFICERS A	ND DIRE		13.				ADDITIONS/CHANGES TO O	FFICERS AF		
TITLE	CD		☐ DELETE	1,1 TI	πE					[_] Chan	nge
NAME	FINNEGAN, JOHN D			1.2 N	AME						
STREET ADDRESS	3044 W GRAND BLVD			1.3 \$	TREET	T ADDRESS	;				
CITY-ST-ZIP	DETROIT, MI 00000 48202			1.4 C	TY-S	T-ZIP	 				
TITLE	\$		☐ DELETE	2.1 11	TLE					Chan	nge
NAME	Quenneville, Cathy L			22 N	AME						
STREET ADDRESS	3044 W GRAND BLVD			2.3 S	TREET	TADDRESS	i [Ĭ
CITY-ST-ZIP	DETROIT MI 48202		_	2.40	ITY-S	ST-ZIP					
TITLE	PD		☐ DELETE	3.1 T	ME					Chan	nge
NAME	NOLL, WILLIAM B			3.2 N	AME						
STREET ADDRESS	3044 W GRAND BLVD			3.3 \$	TREE	T ADDRESS	3				
CITY-ST-ZIP	DETROIT, MI 00000			3.4. 0	TY-S	ST-ZIP	<u> </u>				
ME	AS		☐ DELETE	4.1 Ti	TLE					Chan	nge
NAME	ROBERT L DONNAY			4.21	AME						
STREET ADDRESS	3044 W GRAND BLVD			4.3 \$	TREE	T ADDRESS	3				!
CITY-ST-ZIP	DETROIT MI 48202			4.4 C	Π <u>Υ</u> -\$	T-ZIP					
TITLE	VPT		☑ DELETE	5.1 T	ITLE		VPT			Chan	nge
NAME	BERNARD J BUSELMEIER			5.2 N	AME			J. Dunn, Jr.			}
STREET ADDRESS	3044 W GRAND BLVD			5.3 S	TREE	T ADDRESS		West Grand Blvd. it, MI 48202			ţ
CITY-ST-ZIP	DETROIT MI 48202			5.4 C	TY-S	T-ZIP		, Fil 40202			
TITLE	EVP		☐ DELETE	6.1 T	MLE				-	Chan	nge
NAME	CAROL J KNORR			6.2 N	AME						
CTREET ANDRESS	3044 W GRAND RIVD			6.3 \$	TREE	T ADDRESS	اد				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

DETROIT MI 48202

REQUENCE Donnay, Asst. Secy. 3/11/99

313 556-2200 Daytime Phone #