

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90102 031 ***150.00

DOCUMENT # 848922

1. Entity Name

MIC GENERAL INSURANCE CORPORATION

Principal Place of Business

Mailing Address

3044 W GRAND BLVD
 DETROIT MI 48202
 US

3044 W GRAND BLVD
 MC: 482-1X3-301
 DETROIT MI 48202
 US

2. Principal Place of Business

300 Galleria Officentre

3. Mailing Address

ONE GMAC INSURANCE PLAZA

Suite, Apt. #, etc.
 Suite 200

Suite, Apt. #, etc.
 P. O. BOX 66937

City & State
 Southfield, MI

City & State
 St. Louis, MO

Zip
 48034

Country
 USA

Zip
 63166-6937

Country
 USA

4. FEI Number **35-1492884**

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

INSURANCE COMMISSIONER
 STATE OF FLORIDA
 CAPITOL BLDG
 TALLAHASSEE FL FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **FINNEGAN, JOHN D**
 STREET ADDRESS **3044 W GRAND BLVD**
 CITY-ST-ZIP **DETROIT MI 48202**

TITLE **C/P/D** ☐ Change ☒ Addition
 NAME **KUSUMI, GARY Y**
 STREET ADDRESS **ONE GMAC INSURANCE PLAZA,POB 66937**
 CITY-ST-ZIP **ST. LOUIS, MO 63166-6937**

TITLE **S** ☒ Delete
 NAME **QUENNEVILLE, CATHY L**
 STREET ADDRESS **3044 W GRAND BLVD**
 CITY-ST-ZIP **DETROIT MI 48202**

TITLE **VS** ☐ Change ☒ Addition
 NAME **PURVINES, VERNE E**
 STREET ADDRESS **ONE GMAC INSURANCE PLAZA,POB 66937**
 CITY-ST-ZIP **ST LOUIS, MO 63166-6937**

TITLE **PD** ☒ Delete
 NAME **NOLL, WILLIAM B**
 STREET ADDRESS **3044 W GRAND BLVD**
 CITY-ST-ZIP **DETROIT, MI 00000**

TITLE **T** ☐ Change ☒ Addition
 NAME **BOLAR, DONALD J**
 STREET ADDRESS **ONE GMAC INSURANCE PLAZA,POB 66937**
 CITY-ST-ZIP **ST LOUIS, MO 63166-6937**

TITLE **AS** ☒ Delete
 NAME **ROBERT L DONNAY**
 STREET ADDRESS **3044 W GRAND BLVD**
 CITY-ST-ZIP **DETROIT MI 48202**

TITLE **V/D** ☐ Change ☒ Addition
 NAME **BEATTIE, JOHN C**
 STREET ADDRESS **ONE GMAC INSURANCE PLAZA,POB 66937**
 CITY-ST-ZIP **ST LOUIS, MO 63166-6937**

TITLE **VPT** ☒ Delete
 NAME **DUNN, JR., JOHN J**
 STREET ADDRESS **3044 W GRAND BLVD**
 CITY-ST-ZIP **DETROIT MI 48202**

TITLE **V/D/CFO** ☐ Change ☒ Addition
 NAME **BUSELMEIER, BERNARD J**
 STREET ADDRESS **ONE GMAC INSURANCE PLAZA, POB 66937**
 CITY-ST-ZIP **ST LOUIS, MO 63166-6937**

TITLE **EVP** ☒ Delete
 NAME **CAROL J KNORR**
 STREET ADDRESS **3044 W GRAND BLVD**
 CITY-ST-ZIP **DETROIT MI 48202**

TITLE **V/D** ☐ Change ☒ Addition
 NAME **MATHE, ROBERT E**
 STREET ADDRESS **ONE GMAC INSURANCE PLAZA, POB 66937**
 CITY-ST-ZIP **ST LOUIS, MO 63166-6937**

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Verne E. Purvines

3/27/2001

314-493-8664

Date

Daytime Phone #

CR2E034 (10/00)

Attachment
#448927
531464

**ATTACHMENT TO
FLORIDA 2001 UNIFORM BUSINESS REPORT**

MIC GENERAL INSURANCE CORPORATION

FEI#: 35-1492884

OFFICERS AND DIRECTORS

NAME

POSITION

Gary Y. Kusumi Chairman, CEO & President, Director
One GMAC Insurance Plaza, POB 66937, St. Louis, MO 63166

John C. Beattie Vice President, Director
One GMAC Insurance Plaza, POB 66937, St. Louis, MO 63166

Verne E. Purvines Vice President, Secretary & Gen. Counsel, Director
One GMAC Insurance Plaza, POB 66937, St. Louis, MO 63166

Donald J. Bolar Treasurer
One GMAC Insurance Plaza, POB 66937, St. Louis, MO 63166

Bernard J. Buselmeier Vice President, Director, CFO
One GMAC Insurance Plaza, POB 66937, St. Louis, MO 63166

Robert E. Mathe Vice President, Chief Information Officer, Director
One GMAC Insurance Plaza, POB 66937, St. Louis, MO 63166

Scott F. Miller Vice President, Director
One GMAC Insurance Plaza, POB 66937, St. Louis, MO 63166

Daniel C. Pickens Vice President, Actuary, Director
One GMAC Insurance Plaza, POB 66937, St. Louis, MO 63166

John Urankar Vice President, Director
One GMAC Insurance Plaza, POB 66937, St. Louis, MO 63166

William B. Noll Director
300 Galleria Officentre, Suite 200, Southfield, MI 48034