2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90179 029 ***150.00

DOCUMENT # 848922

1. Entity Name
MIC GENERAL INSURANCE CORPORATION

Principal Place of Business	Mailing Address
300 GALLERIA OFFICENTRE STE 200 SOUTHFIELD MI 48034 US	ONE GMAC INSURANCE PLAZA PO BOX 66937 ST. LOUIS MO 63166-6937 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	500 WEST FIFTH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: WINSTON-SALEM, NC
Zip / Country	Zip: 27152 / Country: US

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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD KUSUMI, GARY Y ONE GMAC INSURANCE PLAZA, POB 66937 ST. LOUIS MO 63166-6937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COBPCEOD KUSUMI, GARY Y. 500 WEST FIFTH STREET WINSTON-SALEM, NC 27152	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS PURVINES, VERNE E ONE GMAC INSURANCE PLAZA, POB 66937 ST. LOUIS MO 63166-6937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPAS PURVINES, VERNE E. ONE NATIONAL GENERAL PLAZA HAZELWOOD, MO 63045	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BOLAR, DONALD J 1 GMAC INSURANCE PLAZA, POB 66937 ST. LOUIS MO 63166-6937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TCAO BOLAR, DONALD J. ONE NATIONAL GENERAL PLAZA HAZELWOOD, MO 63045	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BEATTIE, JOHN C 1 GMAC INSURANCE PLAZA, POB 66937 ST. LOUIS MO 63166-6937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BEATTIE, JOHN C. 500 WEST FIFTH STREET WINSTON-SALEM, NC 27152	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDCF BUSELMIER, BERNARD J 1 GMAC INSURANCE PALZA, POB 66937 ST. LOUIS MO 63166-6937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVPCFOD BUSELMEIER, BERNARD J. 500 WEST FIFTH STREET WINSTON-SALEM, NC 27152	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MATHE, ROBERT E 1 GMAC INSURANCE PLAZA, POB 66937 ST. LOUIS MO 63166-6937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP & Actuary Daniel C. Pickens 500 WEST FIFTH STREET WINSTON-SALEM, NC 27152	☐ Change ☒ Addition

CR2E034 (9/01)

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: Sheena E. Poe SIGNATURE REQUIRED VP & Secretary 02/19/2002 (336)770-2675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #