

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90284 013 ***150.00

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DOCUMENT # 848922

1. Entity Name
MIC GENERAL INSURANCE CORPORATION



Principal Place of Business
**300 GALLERIA OFFICENTRE
STE 200
SOUTHFIELD MI 48034
US**

Mailing Address
**500 WEST FIFTH STREET
WINSTON-SALEN NC 27152
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-1492884**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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	COEP KUSUMI, GARY V 500 WEST FIFTH STREET WINSTON-SALEM NC 27152	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS PURVINES, VERNE E ONE NATIONAL GENERAL PLAZA HAZELWOOD MO 63045	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCAO BOLAR, DONALD J ONE NATIONAL GENERAL PLAZA HAZELWOOD MO 63045	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEATTIE, JOHN C 500 WEST FIFTH STREET WINSTON-SALEM NC 27152	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPC BUSELMIER, BERNARD J 500 WEST FIFTH STREET WINSTON-SALEM NC 27152	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPA PICKENS, DANIEL C 500 WEST FIFTH STREET WINSTON-SALEM NC 27152	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CEO D Kusumi, Gary Y One GMAC Insurance Plaza Hazelwood, MO 63045	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AS Purvines, Verne E One GMAC Insurance Plaza Hazelwood, Mo 63045	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCAO VP Bolar, Donald J 500 West Fifth Street Winston-Salem, NC 27152	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP CFO D Buselmeier, Bernard J One GMAC Insurance Plaza Hazelwood, MO 27152	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CA D Pickens, Daniel C 500 West Fifth Street Winston-Salem, NC 27152	☒ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Sheena E. Poe

4/24/03

(336) 770-2675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)