

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **850519 (0)**
1. Corporation Name
MIC PROPERTY AND CASUALTY INSURANCE CORPORATION



Principal Place of Business: **3044 W GRAND BLVD DETROIT MI 48202**
Mailing Address: **3044 W GRAND BLVD DETROIT MI 48202**

3. Date Incorporated or Qualified: **09/28/1981**
3a. Date of Last Report: **03/14/1995**
4. FEI Number: **38-2312721**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

21. Principal Place of Business: Suite, Apt. #, etc.; City & State; Zip; Country
22. Mailing Address: Suite, Apt. #, etc.; City & State; Zip; Country
23. City & State; Zip; Country
24. City & State; Zip; Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER STATE OF FLORIDA
CAPITAL BLDG
TALLAHASSEE FL 32301**

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RINES, JOHN R		1.2 NAME	
STREET ADDRESS: 3044 W GRAND BLVD		1.3 STREET ADDRESS	
CITY-STATE-ZIP: DETROIT, MI 00000		1.4 CITY-STATE-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CLOUT, RICHARD J S		2.2 NAME	
STREET ADDRESS: 3044 WEST GRAND BLVD.		2.3 STREET ADDRESS	
CITY-STATE-ZIP: DETROIT, MI 00000		2.4 CITY-STATE-ZIP	
TITLE: VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BORCHELT, DAVID H		3.2 NAME	
STREET ADDRESS: 3044 W GRAND BLVD		3.3 STREET ADDRESS	Retired
CITY-STATE-ZIP: DETROIT, MI 00000		3.4 CITY-STATE-ZIP	
TITLE: PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: NOLL, WILLIAM B.		4.2 NAME	
STREET ADDRESS: 3044 W GRAND BLVD		4.3 STREET ADDRESS	
CITY-STATE-ZIP: DETROIT MI		4.4 CITY-STATE-ZIP	
TITLE: VPT	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BUSELMEIER, BERNARD J.		5.2 NAME	
STREET ADDRESS: 3044 W GRAND BLVD		5.3 STREET ADDRESS	
CITY-STATE-ZIP: DETROIT, MI 00000		5.4 CITY-STATE-ZIP	
TITLE: EVP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: REDMOND, DONALD P		6.2 NAME	
STREET ADDRESS: ONE NAT'L GENERAL PLAZA		6.3 STREET ADDRESS	
CITY-STATE-ZIP: ST. LOUIS MO		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *C. L. Quenneville*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. L. Quenneville, Ass't Secretary 1/30/96
Date: _____ Daytime Phone #: _____

CR2E034 (12/95)

MIC PROPERTY AND CASUALTY INSURANCE CORPORATION

BOARD OF DIRECTORS

Richard J. S. Clout
Eric A. Feldstein
John D. Finnegan
John E. Gibson
Michael E. Klehm
Carol J. Knorr
Leon J. Krain
R. Paul Maddock
William B. Noll
Donald P. Redmond
W. Allen Reed
John R. Rines

ADDRESS

3044 West Grand Boulevard, Detroit, MI 48202
767 Fifth Avenue, New York, NY 10153
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3044 West Grand Boulevard, Detroit, MI 48202
3044 West Grand Boulevard, Detroit, MI 48202
One Nat'l General Plaza, St. Louis, MO 63166
767 Fifth Avenue, New York, NY 10153
3044 West Grand Boulevard, Detroit, MI 48202

OFFICERS

John R. Rines
Chairman of the Board
William B. Noll
President
Carol J. Knorr
Exec. Vice President
Donald P. Redmond
Exec. Vice President
John P. Boris
Vice President
Thomas D. Callahan
Vice President
Louis S. Carrio, Jr.
Vice President
Steven M. DiPeri
Vice President
Harvey Lippow
Vice President
Arthur M. Raschbaum
Vice President
Bernard J. Buselmeier
Vice President &
Treasurer
Joseph L. Falik
Secretary and
General Counsel

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3044 West Grand Boulevard, Detroit, MI 48202
One Nat'l General Plaza, St. Louis, MO 63166
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3044 West Grand Boulevard, Detroit, MI 48202
3044 West Grand Boulevard, Detroit, MI 48202
6000 Midlantic Drive, Mt. Laurel, NJ 08054
3044 West Grand Boulevard, Detroit, MI 48202
6000 Midlantic Drive, Mt. Laurel, NJ 08054
3044 West Grand Boulevard, Detroit, MI 48202
3031 West Grand Boulevard, Detroit, MI 48202

MIC PROPERTY AND CASUALTY INSURANCE CORPORATION

Assistant Secretaries:

Robert L. Donnay
Cathy L. Quenneville

3044 West Grand Boulevard, Detroit, MI 48202
3044 West Grand Boulevard, Detroit, MI 48202

1/19/96

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