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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90089 033 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 850519

1. Corporation Name
MIC PROPERTY AND CASUALTY INSURANCE CORPORATION



DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified
09/28/1981

2. Principal Place of Business
 21

2a. Mailing Address
 26

4. FEI Number
38-2312721

Applied For
 Not Applicable

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

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

City & State
 23

City & State
 28

6. Election Campaign Financing **\$5.00** May Be Added to Fees

Zip Country
 24 25

Zip Country
 29 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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

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

(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
NAME	FINNEGAN, JOHN D	
STREET ADDRESS	3044 W GRAND BLVD	
CITY-ST-ZIP	DETROIT, MI 00000 48202	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLOUT, RICHARD J S	
STREET ADDRESS	3044 WEST GRAND BLVD.	
CITY-ST-ZIP	DETROIT, MI 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NOLL, WILLIAM B.	
STREET ADDRESS	3044 W GRAND BLVD	
CITY-ST-ZIP	DETROIT MI	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	BUSELMEIER, BERNARD J.	
STREET ADDRESS	3044 W GRAND BLVD	
CITY-ST-ZIP	DETROIT, MI 00000	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	REDMOND, DONALD P	
STREET ADDRESS	ONE NAT'L GENERAL PLAZA	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CATHY L QUENNEVILLE	
STREET ADDRESS	3044 WEST GRAND BLVD	
CITY-ST-ZIP	DETROIT MI 48202	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John E. Gibson
2.3 STREET ADDRESS	3044 West Grand Blvd.
2.4 CITY-ST-ZIP	Detroit, MI 48202
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	John J. Dunn, Jr.
4.3 STREET ADDRESS	3044 West Grand Blvd.
4.4 CITY-ST-ZIP	Detroit, MI 48202
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	William F. Muir
5.3 STREET ADDRESS	3044 West Grand Blvd.
5.4 CITY-ST-ZIP	Detroit, MI 48202
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *R. J. Quenneville* REGISTERED ASSIST. Secy. 3/11/99 313 556-2200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)