

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90029 029 ***150.00

DOCUMENT # 850519

1. Entity Name

**MIC PROPERTY AND CASUALTY INSURANCE CORPORATION
 RELATIONS**

JAN 10 RSC'D

Principal Place of Business

Mailing Address

**3044 W GRAND BLVD
 DETROIT MI 48202**

**3044 W GRAND BLVD
 MC: 482-1X3-301
 DETROIT MI 48202-3037
 US**

819264



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-2312721**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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
 CAPITAL BLDG
 TALLAHASSEE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	CD <input type="checkbox"/> Delete
NAME	FINNEGAN, JOHN D
STREET ADDRESS	3044 WEST GRAND BLVD.
CITY-ST-ZIP	DETROIT MI 48202
TITLE	D <input type="checkbox"/> Delete
NAME	GIBSON, JOHN E
STREET ADDRESS	3044 WEST GRAND BLVD.
CITY-ST-ZIP	DETROIT MI 48202
TITLE	PD <input type="checkbox"/> Delete
NAME	NOLL, WILLIAM B.
STREET ADDRESS	3044 W GRAND BLVD
CITY-ST-ZIP	DETROIT MI
TITLE	VPT <input type="checkbox"/> Delete
NAME	DUNN, JR., JOHN J
STREET ADDRESS	3044 WEST GRAND BLVD.
CITY-ST-ZIP	DETROIT MI 48202
TITLE	D <input type="checkbox"/> Delete
NAME	MUIR, WILLIAM F
STREET ADDRESS	3044 WEST GRAND BLVD.
CITY-ST-ZIP	DETROIT MI 48202
TITLE	S <input type="checkbox"/> Delete
NAME	CATHY L QUENNEVILLE
STREET ADDRESS	3044 WEST GRAND BLVD
CITY-ST-ZIP	DETROIT MI 48202

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *C. A. Miller* **C.A. Miller, Asst. Secretary** 2/25/00 313 556-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)