

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805194

Entity Name: MOTORS INSURANCE CORPORATION

Current Principal Place of Business:

500 WOODWARD AVENUE
DETROIT, MI 48226

Current Mailing Address:

500 WOODWARD AVENUE
DETROIT, MI 48226 US

FEI Number: 38-0855585

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DIRECTOR, VP
Name KOELLNER, KERRI A
Address 500 WOODWARD AVENUE
City-State-Zip: DETROIT MI 48226

Title SECRETARY
Name JEFFREY A., BELISLE
Address 500 WOODWARD AVENUE
City-State-Zip: DETROIT MI 48226

Title TREASURER, VP, DIRECTOR
Name JASON J., HEATH
Address 500 WOODWARD AVENUE
City-State-Zip: DETROIT MI 48226

Title DIRECTOR
Name DANIEL D., SOTO
Address 500 WOODWARD AVENUE
City-State-Zip: DETROIT MI 48226

Title DIRECTOR
Name KRISTEN, ROHRBAUGH
Address 500 WOODWARD AVENUE
City-State-Zip: DETROIT MI 48226

Title DIRECTOR, VP
Name SAROKI, REBECCA E.
Address 500 WOODWARD AVENUE
City-State-Zip: DETROIT MI 48226

Title DIRECTOR
Name DAVID A., HOLLAND
Address 500 WOODWARD AVENUE
City-State-Zip: DETROIT MI 48226

Title ASSISTANT TREASURER
Name KATZ, JEFFREY S
Address 500 WOODWARD AVENUE
City-State-Zip: DETROIT MI 48226

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY S. KATZ

ASSISTANT TREASURER 04/24/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT, DIRECTOR
Name ELLER, DANIEL
Address 500 WOODWARD AVENUE
City-State-Zip: DETROIT MI 48226

Title VP
Name GARRONI, GABRIEL
Address 500 WOODWARD AVENUE
City-State-Zip: DETROIT MI 48226