2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2014
Secretary of State
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Entity Name: MIC GENERAL INSURANCE CORPORATION

Current Principal Place of Business:

500 WEST FIFTH STREET
WINSTON-SALEM, NC 27101

Current Mailing Address:

PO BOX 3199
WINSTON-SALEM, NC 27102 US

FEI Number: 35-1492884

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
FL OIR
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	S, DIRECTOR
Name	WEISSMANN, JEFFREY A
Address	59 MAIDEN LANE
City-State-Zip:	NEW YORK NY 10038

Title	T
Name	RENDALL, PETER A
Address	59 MAIDEN LANE
City-State-Zip:	NEW YORK NY 10038

Title	DCFO
Name	WEINER, MICHAEL H
Address	59 MAIDEN LANE
City-State-Zip:	NEW YORK NY 10038

Title	VP
Name	BOLAR, DONALD J
Address	500 WEST FIFTH STREET
City-State-Zip:	WINSTON-SALEM NC 27101

Title	AS
Name	LEMMER, HERBERT J
Address	59 MAIDEN LANE
City-State-Zip:	NEW YORK NY 10038

Title	PRESIDENT
Name	STORMS, BYRON W
Address	500 WEST FIFTH STREET
City-State-Zip:	WINSTON-SALEM NC 27101

Title	D
Name	KARFUNKEL, BARRY S
Address	59 MAIDEN LANE
City-State-Zip:	NEW YORK NY 10038

Title	VP
Name	HALL, GEORGE H JR.
Address	500 WEST FIFTH STREET
City-State-Zip:	WINSTON-SALEM NC 27101

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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: GEORGE H. HALL, JR. VICE PRESIDENT 04/22/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	VP
Name	CASTELLANO, BERTA A
Address	500 WEST FIFTH STREET
City-State-Zip:	WINSTON-SALEM NC 27101

Title	DIRECTOR
Name	KURI-GABOR, ROBIN
Address	500 WEST FIFTH STREET
City-State-Zip:	WINSTON-SALEM NC 27101