

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850519

Entity Name: MIC PROPERTY AND CASUALTY 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:** 38-2312731**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
Name ELLER, DANIEL L
Address 500 WOODWARD AVENUE
City-State-Zip: DETROIT MI 48226

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

Title VP
Name KOELLNER, KERRI A.
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

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

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

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

Title TREASURER
Name HEATH, JASON J.
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: JAY M.FRUCCI**CHIEF TAX OFFICER****04/19/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

Title CHIEF TAX OFFICER
Name FRUCCI, JAY M.
Address 500 WOODWARD AVENUE
City-State-Zip: DETROIT MI 48226

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

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

Title ASSISTANT TREASURER
Name FRENCH, MARY T.
Address 500 WOODWARD AVENUE
City-State-Zip: DETROIT MI 48226