

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850519

**FILED
Jan 30, 2015
Secretary of State
CC1814912089**

Entity Name: MIC PROPERTY AND CASUALTY INSURANCE CORPORATION

Current Principal Place of Business:

300 GALLERIA OFFICENTRE
SUITE 201
SOUTHFIELD, MI 48034

Current Mailing Address:

300 GALLERIA OFFICENTRE
SUITE 201
SOUTHFIELD, MI 48034 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 HASTINGS, CHARLIE W
Address 300 GALLERIA OFFICENTRE, SUITE 200
City-State-Zip: SOUTHFIELD MI 48034

Title P
Name TIMMERMAN, DOUGLAS D
Address 300 GALLERIA OFFICENTRE, SUITE 201
City-State-Zip: SOUTHFIELD MI 48034

Title AS
Name HALSEY, KURT H
Address 300 GALLERIA OFFICENTRE, SUITE 201
City-State-Zip: SOUTHFIELD MI 48034

Title T, DIRECTOR
Name KOELLNER, KERRI A
Address 300 GALLERIA OFFICENTRE
City-State-Zip: SOUTHFIELD MI 48034

Title AS
Name NOACK, ROBERT
Address 300 GALLERIA OFFICENTRE, SUITE 201
City-State-Zip: SOUTHFIELD MI 48034

Title S
Name QUENNEVILLE, CATHY L
Address 200 RENAISSANCE CENTER, PO BOX 200
City-State-Zip: DETROIT MI 48265

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: ROBERT NOACK

ASSISTANT SECRETARY 01/30/2015

Electronic Signature of Signing Officer/Director Detail

Date