

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850519

**Entity Name:** MIC PROPERTY AND CASUALTY INSURANCE CORPORATION

**FILED**  
**Apr 01, 2022**  
**Secretary of State**  
**4602533825CC**

**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  
Address 500 WOODWARD AVENUE  
City-State-Zip: DETROIT MI 48226

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

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

**Continues on page 2**

*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 04/01/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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