

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850519

**FILED**  
**Jan 16, 2018**  
**Secretary of State**  
**CC8537608262**

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

**Current Principal Place of Business:**

500 WOODWARD AVENUE  
14TH FLOOR  
DETROIT, MI 48226

**Current Mailing Address:**

500 WOODWARD AVENUE  
10TH FLOOR  
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 ASST. SECRETARY  
Name TAYLOR, BARBARA  
Address 500 WOODWARD AVENUE  
10TH FLOOR  
City-State-Zip: DETROIT MI 48226

Title P, DIRECTOR  
Name TIMMERMAN, DOUGLAS R  
Address 500 WOODWARD AVENUE  
14TH FLOOR  
City-State-Zip: DETROIT MI 48226

Title T, DIRECTOR  
Name KOELLNER, KERRI A  
Address 500 WOODWARD AVENUE  
14TH FLOOR  
City-State-Zip: DETROIT MI 48226

Title S  
Name BELISLE, JEFFREY A  
Address 500 WOODWARD AVENUE  
10TH FLOOR  
City-State-Zip: DETROIT MI 48226

*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:** BARBARA TAYLOR

**ASSISTANT SECRETARY** 01/16/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date