

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850519

FILED
Mar 11, 2016
Secretary of State
CC9183631498

Entity Name: MIC PROPERTY AND CASUALTY INSURANCE CORPORATION

Current Principal Place of Business:

300 GALLERIA OFFICENTRE
SUITE 201
SOUTHFIELD, MI 48034

Current Mailing Address:

200 RENAISSANCE CENTER
482 B09 C24
DETROIT, MI 48265 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	Title	P
Name	TAYLOR, BARBARA	Name	TIMMERMAN, DOUGLAS R
Address	200 RENAISSANCE CENTER	Address	300 GALLERIA OFFICENTRE, SUITE 201
City-State-Zip:	DETROIT MI 48265	City-State-Zip:	SOUTHFIELD MI 48034
Title	AS	Title	T, DIRECTOR
Name	HALSEY, KURT H	Name	KOELLNER, KERRI A
Address	300 GALLERIA OFFICENTRE, SUITE 201	Address	300 GALLERIA OFFICENTRE
City-State-Zip:	SOUTHFIELD MI 48034	City-State-Zip:	SOUTHFIELD MI 48034
Title	AS	Title	S
Name	NOACK, ROBERT	Name	QUENNEVILLE, CATHY L
Address	300 GALLERIA OFFICENTRE, SUITE 201	Address	200 RENAISSANCE CENTER
City-State-Zip:	SOUTHFIELD MI 48034	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: BARBARA TAYLOR

ASSISTANT SECRETARY 03/11/2016

Electronic Signature of Signing Officer/Director Detail

Date