

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850519

Entity Name: MIC PROPERTY AND CASUALTY INSURANCE CORPORATION**Current Principal Place of Business:**300 GALLERIA OFFICENTRE
SUITE 200
SOUTHFIELD, MI 48034**Current Mailing Address:**300 GALLERIA OFFICENTRE
SUITE 200
SOUTHFIELD, MI 48034 US**FEI Number:** 38-2312731**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
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	AS
Name	HALSEY, KURT H
Address	300 GALLERIA OFFICENTRE, SUITE 200
City-State-Zip:	SOUTHFIELD MI 48034

Title	AS
Name	JUSZKOWSKI, ROBERT
Address	300 GALLERIA OFFICENTRE, SUITE 200
City-State-Zip:	SOUTHFIELD MI 48034

Title	P
Name	CALLAHAN, THOMAS D
Address	300 GALLERIA OFFICENTRE, SUITE 200
City-State-Zip:	SOUTHFIELD MI 48034
Title	T
Name	KOELLNER, KERRI A
Address	300 GALLERIA OFFICENTRE
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 JUSZKOWSKI**ASSISTANT
SECRETARY****04/02/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date