

1.) CORPORATION NAME:

**MIC PROPERTY AND CASUALTY INSURANCE  
CORPORATION**

DUE DATE: **11/30/2011**

SCC ID NO: **F0419392**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MI**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 GALLERIA OFFICENTRE  
SUITE 200 MC 480-300-216

CITY/ST/ZIP: SOUTHFIELD, MI 48034-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: THOMAS CALLAHAN  
TITLE: PRESIDENT  
ADDRESS: 300 GALLERIA OFFICENTRE  
SUITE 200  
CITY/ST/ZIP/CO: SOUTHFIELD, MI 48034-

OFFICER

DIRECTOR

NAME: CHARLIE HASTINGS  
TITLE: VICE PRESIDENT  
ADDRESS: 300 GALLERIA OFFICENTRE  
STE 200  
CITY/ST/ZIP/CO: SOUTHFIELD, MI 48034-

OFFICER

DIRECTOR

NAME: DAVID FOSTER  
TITLE: TREASURER  
ADDRESS: 200 RENASSIANCE CENTER  
CITY/ST/ZIP/CO: DETROIT, MI 48265-

OFFICER

DIRECTOR

NAME: ROBERT L DONNAY  
TITLE: ASST SECRETARY  
ADDRESS: 300 GALLERIA OFFICENTRE  
SUITE 200  
CITY/ST/ZIP/CO: SOUTHFIELD, MI 48034-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ ROBERT L DONNAY</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>ROBERT L DONNAY, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>9/27/2011</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.