

1.) CORPORATION NAME: **MIC PROPERTY AND CASUALTY INSURANCE CORPORATION** DUE DATE: **11/30/2015**
 SCC ID NO: **F0419392**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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: 500 Woodward Ave., 14th Floor
 CITY/ST/ZIP: Detroit, MI 48226

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DOUGLAS R TIMMERMAN	
TITLE:	PRES/DIR	
ADDRESS:	300 GALLERIA OFFICENTRE SUITE 201	
CITY/ST/ZIP/CO:	SOUTHFIELD, MI 48034	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHARLIE HASTINGS	
TITLE:	VICE PRESIDENT	
ADDRESS:	300 GALLERIA OFFICENTRE STE 200	
CITY/ST/ZIP/CO:	SOUTHFIELD, MI 48034	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KERRI KOELLNER	
TITLE:	DIRECTOR	
ADDRESS:	300 GALLERIA OFFICENTRE	
CITY/ST/ZIP/CO:	SOUTHFIELD, MI 48034	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ROBERT NOACK	
TITLE:	ASST SECRETARY	
ADDRESS:	300 GALLERIA OFFICENTRE SUITE 200	
CITY/ST/ZIP/CO:	SOUTHFIELD, MI 48034	

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.

/s/ ROBERT NOACK	ROBERT NOACK, ASST	4/15/2016
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

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.