

F07000000788

Florida Department of State
Division of Corporations
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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
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FOREIGN PROFIT/NONPROFIT CORPORATION

Accident Fund Insurance Company of America

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 08 1 |
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February 8, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: ACCIDENT FUND INSURANCE COMPANY OF AMERICA
REF: W07000006626

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

FAX Aud. #: H07000034881
Letter Number: 307A00009654

*Attn: Diane Cushing
As discussed,
Michigan does not require
insurance companies to incorporate
with the Secretary of State.
They can only get this good standing
from Division of Insurance.*

*Please backdate
to:
Feb. 7th*

Thank You!

P.O. BOX 6327 - Tallahassee, Florida 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Accident Fund Insurance Company of America

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Michigan

(State or country under the law of which it is incorporated)

3. 38-3207001

(FEI number, if applicable)

4. November 10, 1994

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 232 South Capitol Avenue, Lansing, MI 48933

(Principal office address)

PO Box 40790, Lansing, MI 48901-7990

(Current mailing address)

8. Workers' Compensation and Employer's Liability Insurer

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **CT Corporation**

Office Address: **1200 South Pine Island Road**

Plantation

(City)

Florida **33324**

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

Jeffrey D. Butterfield
Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

SEE ATTACHMENT FOR DIRECTOR LISTING

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

B. OFFICERS

SEE ATTACHMENT FOR OFFICER LISTING

President: _____

Address: _____

Vice President: _____

Address: _____

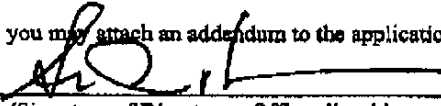
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____
(Signature of Director or Officer listed in number 12 of the application)

14. Steven C. Hese, Executive VP & General Counsel _____
(Typed or printed name and capacity of person signing application)

ACCIDENT FUND INSURANCE COMPANY OF AMERICA
BOARD OF DIRECTORS

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07 FEB -7 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

James G. Agee
9416 Lookout Point
Laingsburg, MI 48848

Nancy P. McKeague
952 Roxburgh
East Lansing, MI 48823

Mark R. Bartlett
48662 Central Park Drive
Canton, MI 48188

Iris K. Salters
2621 Woodview
Lansing, MI 48910

Charles L. Burkett
9688 Butler
Portland, MI 48875

Gregory A. Sudderth
1102 Wisconsin Avenue
Gladstone, MI 49837

Patrick J. Devlin
15799 Southampton
Livonia, MI 48154

Richard E. Whitmer
1438 Meadowbrook Lane
East Lansing, MI 48823

A. Gregory Eaton
1739 Chester Road
Lansing, MI 48917

Lewin Wyatt Jr., DO
535 N. Michigan Avenue
Chicago, IL 60611

Elizabeth R. Haar
3607 Kipling Circle
Howell, MI 48843

Daniel J. Loopp
1720 Washington Blvd.
Birmingham, MI 48009

A. Barry McGuire
1740 Wellington Road, #212
Lansing, MI 48910

LANSING 54222-1 387101v1

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
ACCIDENT FUND INSURANCE COMPANY OF AMERICA

OFFICERS

Elizabeth R. Haar, President and CEO
3607 Kipling Circle
Howell, MI 48843

Michael K. Britt, Executive Vice President, Insurance Operations
5439 Timberbend
Brighton, MI 48116

Lisa M. Domagalski, Vice President and Secretary
7120 Round Lake Road
Laingsburg, MI 48848

Steven C. Hess, Executive Vice President, Office of the General Counsel
5290 Park Lake Road
East Lansing, MI 48823

Ronald H. Schoen, Executive Vice President, CFO and Treasurer
9050 East Parker Road
Laingsburg, MI 48848

LANSING 34222-1 387100v1

CERTIFICATE OF AUTHORITY - DUPLICATE

Office of Financial and Insurance Services

Effective Date: November 18, 2002

THIS IS TO CERTIFY, that

ACCIDENT FUND INSURANCE COMPANY OF AMERICA
(Michigan stock insurer)
NAIC No. 10166

is authorized in Michigan to transact the business of insurance, as defined in Chapter 06 - Section 624 - SubSection 1b - Casualty: Workers' Compensation of P.A. 218 of 1956 as amended, The Michigan Insurance Code, so long as the insurer continues to conform to the authority granted by this certificate, its corporate articles, the requirements of P.A. 218 of 1956 and all amendments to it and any limitations, conditions or other matters which have been agreed to from time to time between the insurer and the Commissioner.

This Certificate of Authority is granted subject to the laws of the state of Michigan and, as set forth in Sections 405 and 405a of the Michigan Insurance Code (MCL 500.405 and 500.405a), shall be:

AUTOMATICALLY REVOKED 90 DAYS AFTER A CHANGE OF CONTROL WHICH HAS NOT RECEIVED PRIOR APPROVAL OR 90 DAYS AFTER THE INSURER OR AN AFFILIATED INSURER IS MADE SUBJECT TO FORMAL DELINQUENCY PROCEEDINGS UNLESS THE INSURER REQUALIFIES FOR A CERTIFICATE OF AUTHORITY UNDER THE PROVISIONS OF THE MICHIGAN INSURANCE CODE.



CERTIFIED COPY February 06, 2007

Marilyn Ryznecki

Office of Financial & Insurance Services

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA