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Florida Department of State
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SECRETARY OF STATE
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DIVISION OF CORPORATION

FOREIGN PROFIT/NONPROFIT CORPORATION

Accident Fund National Insurance Company

Certificate of Status	0
Certified Copy	0
Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

Help

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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.

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1. Accident Fund National Insurance Company

(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. 20-3058291

(FEI number, if applicable)

4. June 20, 2005

(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, Florida 33324

(City) (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.



Kristine Heiberger
Assistant Secretary

(Registered agent's signature)

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.

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

A. DIRECTORS

Chairman: Elizabeth Ruth Haar

Address: 232 South Capitol Avenue, Lansing, MI 48933

Vice Chairman: Steven Charles Hess

Address: 232 South Capitol Avenue, Lansing, MI 48933

Director: Michael Keith Britt

Address: 232 South Capitol Avenue, Lansing, MI 48933

Director: Ronald Hugh Schoen

Address: 232 South Capitol Avenue, Lansing, MI 48933

SECRETARY OF STATE
MICHIGAN ASSOCIATION
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B. OFFICERS

President: Elizabeth Ruth Haar

Address: 232 South Capitol Avenue, Lansing, MI 48933

Vice President: _____

Address: _____

Secretary: Steven Charles Hess

Address: 232 South Capitol Avenue, Lansing, MI 48933

Treasurer: Ronald Hugh Schoen

Address: 232 South Capitol Avenue, Lansing, MI 48933

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 Charles Hess, Secretary

(Typed or printed name and capacity of person signing application)

CERTIFICATE OF AUTHORITY - DUPLICATE

Office of Financial and Insurance Regulation

Effective Date: August 30, 2005

THIS IS TO CERTIFY, that

ACCIDENT FUND NATIONAL INSURANCE COMPANY
(Michigan stock insurer)
NAIC No. 12305

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 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.

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STATE OF MICHIGAN
DEPARTMENT OF LABOR AND ECONOMIC GROWTH
OFFICE OF FINANCIAL AND INSURANCE REGULATION



CERTIFIED COPY July 30, 2008

Marilyn Rypark

Office of Financial & Insurance Regulation