

F00000003998

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: C.P.A. Insurance Company
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Annette LeRoux Ross

(Name of Person)

C.P.A. Insurance Company

(Firm/Company)

P.O. Box 250010

(Address)

West Bloomfield, MI 48325-0010

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Annette LeRoux Ross (248) 738-8815

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FILED
00 JUN 7 7 PM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
-05/26/00-01147-010
*****78.75 *****78.75

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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 28, 2000

ANNETTE LEROUX ROSS
P.O. BOX 250010
WEST BLOOMFIELD, MI 48325-0010

SUBJECT: C.P.A. INSURANCE COMPANY
Ref. Number: W00000016502

FILED
00 JUL 17 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for C.P.A. INSURANCE COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

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.

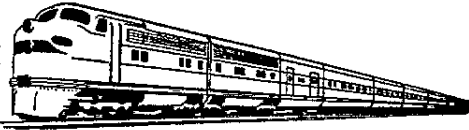
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 100A00036569

CPA INSURANCE COMPANY



Post Office Box 250010, West Bloomfield, Michigan 48325-0010
1-800-432-8245

July 12, 2000

Attn: Tammi Cline
State of Florida
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: C.P.A. Insurance Company
Ref #: WC0000001650

Dear Ms. Tammi Cline:

Please find enclosed the following documentation being re-submitted on behalf of CPA Insurance Company:

A completed "Application by Foreign Corporation for Authorization to Transact Business in Florida".

Certificate of Compliance (evidencing Corporate Existence) certified by the State of Michigan on May 24, 2000. This is the Michigan Dept of Commerce and Industry Services / Insurance Department official statement about the standing of domestic insurers. If you have any questions call Carol Ostrowski with the Michigan Insurance Bureau at (517) 241-3279 regarding the good standing of C.P.A. Insurance Company.

A check payable to Florida Department of State for \$78.75 was submitted with our original filing on May 26, 2000.

After processing has been completed, please forward our letter of acknowledgement and Certificate of Status to:

Ms. Annette LeRoux Ross, Vice-President
CPA Insurance Company
P. O. Box 250010
West Bloomfield, MI 48325-0010

If you have any questions regarding the above, please feel free to call (248) 738-8815.

Sincerely,

A. L. Ross
Vice-President

ALR/sp
Encl.

per GSTH



FOUNDED IN 1907

FILED
00 JUL 17 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


**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. C.P.A. Insurance Company
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Michigan
(State or country under the law of which it is incorporated)
3. 38-0391970
(FEI number, if applicable)
4. 9/16/1915
(Date of incorporation)
5. Indefinite
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. C.P.A. Insurance Company P.O.Box 250010
West Bloomfield, MI 48325-0010
(Current mailing address)
8. Insurance to railway employees for loss of position
(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 or Mail Drop Box **NOT** acceptable)
Name: CT Corporation Systems
c/o CT Corporation Systems
Office Address: 1200 South Pine Island Road
Plantation, 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)

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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: William James Ross III

Address: 4312 Orchard Lake Road, Suit 200, West Bloomfield, MI 48325

Vice Chairman: Annette LeRoux Ross

Address: 4312 Orchard Lake Road, Suit 200, West Bloomfield, Mi 48325

Director: Lester Skene Bork

Address: 6 Willow Oak, Sea Pines Plantation, Hilton Head, Baufort
South Carolina

Director: Thomas Arthur Higginbottom

Address: Comerica Bank, 500 Woodward, Detroit, MI 48226

Director John Lane King Berry Moorman Professional Corp., 600

B. OFFICERS (Street address only - P.O. Box NOT acceptable) Woodbridge Place,
Detroit MI 48226

President: William James Ross, III

Address: 4312 Orchard Lake Road, Suit 200, West Bloomfield, MI 48325

Vice President: Annette LeRoux Ross

Address: 4312 Orchard Lake Road, Suit 200, West Bloomfield,
MI 48325

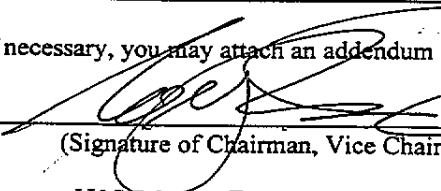
Secretary: Annette LeRoux Ross

Address: 4312 Orchard Lake Road, Suit 200, West Bloomfield,
MI 48325

Treasurer: William James Ross III

Address: 4312 Orchard Lake Road, Suit 200, West Bloomfield,
MI 48325

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. William James Ross III - President

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

FILED
00 JUL 17 PM 5 00
SECRETARY OF STATE
TALLAHASSEE FL 32304

CERTIFICATE OF COMPLIANCE

Michigan Insurance Bureau

Effective Date: May 24, 2000

THIS IS TO CERTIFY, that

C.P.A. INSURANCE COMPANY
(Michigan stock insurer)
NAIC No. 30082

is organized under the laws of this State and is authorized to issue policies and transact business under the following Sections of the Insurance Code of 1956, as amended:

Chapter 66 - Section 6604 - Railway employees, discharge, A&H - excluding life
Chapter 66 - Section 6604 - Railway employees, discharge, A&H , Life



CERTIFIED COPY

May 24, 2000

Carol Ostrowski

Office of Financial Evaluation