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RECEIVED  
03 OCT -2 AM 11:18  
DIVISION OF CORPORATION

FILED  
03 OCT -2 PM 1:09  
STATE  
TALLAHASSEE, FLORIDA

512

03 OCT -2 PM 1:09  
TALLAHASSEE, FLORIDA

FILED

CT CORPORATION

October 2, 2003

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

Re: Order #: 5909579 WO  
Customer Reference 1: DVI - OF Insurance Agency  
Customer Reference 2: OF Insurance Agency Quali

Dear Secretary of State, Florida:

Please file the attached:

OF Insurance Agency, Inc. (LA)  
Qualification  
Florida

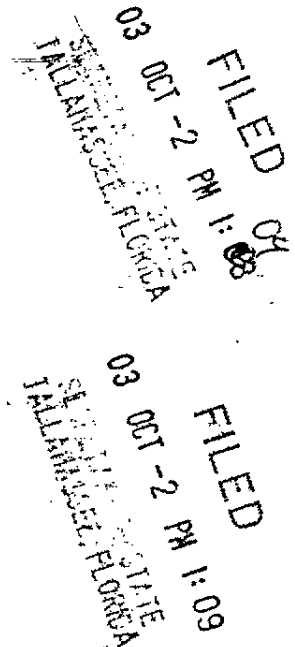
Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at  
(850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton  
Sr. Fulfillment Specialist  
Jeff\_Netherton@cch-lis.com

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615



**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. OF Insurance Agency, Inc.  
(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. Louisiana 3. 20-0207463  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 09/03/2003 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. Suite 1700, 27777 Franklin Rd., Southfield, MI 48034  
(Principal office address)
- same  
(Current mailing address)
8. Insurance agency  
(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: c/o C T Corporation System
- 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.*

C T Corporation System  
By: Brenda J. White  
(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: Ron Klein

Address: Suite 1700, 27777 Franklin Rd.

Southfield, MI 48034

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

*SEE ATTACHMENT*

President: Peter Scherer

Address: Suite 1700, 27777 Franklin Rd.

Southfield, MI 48034

Vice President: Daniel Iannotti

Address: Suite 1700, 27777 Franklin Rd.

Southfield, MI 48034

Secretary: Daniel Iannotti

Address: Suite 1700, 27777 Franklin Rd. Southfield, MI 48034

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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. Daniel Iannotti, Secretary

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

**OF INSURANCE AGENCY, INC.**

Attachment to  
Application by Foreign Corporation for Authorization to Transact Business in Florida

Ron Klein  
Chief Financial Officer  
Suite 1700, 27777 Franklin Road  
Southfield, Michigan 48034

Andy Geater  
Chief Financial Officer  
Suite 1700, 27777 Franklin Road  
Southfield, Michigan 48034

John Loucks  
Director Insurance Programs  
Suite 1700, 27777 Franklin Road  
Southfield, Michigan 48034

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03 OCT -2 PM 1:09  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA  
**State of Louisiana**

**Box McKeithen**  
**SECRETARY OF STATE**

*As Secretary of State, of the State of Louisiana, I do hereby Certify that*  
**OF INSURANCE AGENCY, INC.**

A LOUISIANA corporation domiciled at BATON ROUGE,

Filed charter and qualified to do business in this State on  
September 03, 2003,

I further certify that the records of this Office indicate  
the corporation has paid all fees due the Secretary of  
State, and so far as the Office of the Secretary of State is  
concerned is in good standing and is authorized to do  
business in this State.

I further certify that this Certificate is not intended to  
reflect the financial condition of this corporation since  
this information is not available from the records of this  
Office.

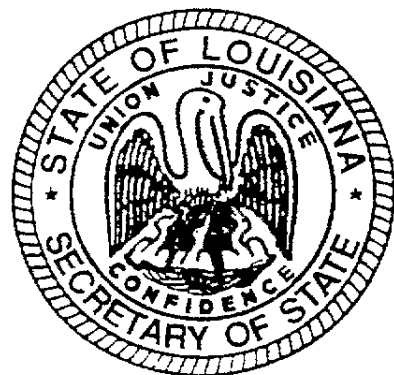
*In testimony whereof, I have hereunto set  
my hand and caused the Seal of my Office  
to be affixed at the City of Baton Rouge on,*

September 12, 2003

*Box McKeithen*

BRI 35546773D

*Secretary of State*



FILED  
OCT - 2 PM 1:09  
STATE OF LOUISIANA  
Baton Rouge