

F04 000001830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

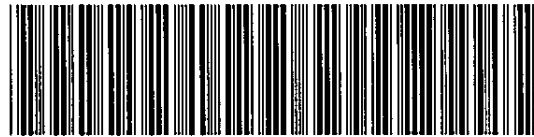
(Business Entity Name)

(Document Number)

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09/30/08--01004--003 \*\*52.50

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08 SEP 30 AM 9:16

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

08 SEP 30 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N.C.  
SEP 30 2008

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Amendment of Legal Name  
(Name of Corporation)

**DOCUMENT NUMBER:** F04000001830

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James McConnaughay  
(Name of Contact Person)

McConnaughay Duffy Coonrod Pope Weaver  
(Firm/Company)

1709 Hermitage Blvd. Suite 200  
(Address)

Tallahassee, FL 32308  
(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Nelson at ( 517 ) 886-3900  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐

\$35.00 Filing Fee

☐

\$43.75 Filing Fee &  
Certificate of Status

☐

\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☒

\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F04000001830

(Document number of corporation (if known))

1. Michigan Construction Industry Mutual Insurance Company

(Name of corporation as it appears on the records of the Department of State)

2. Michigan

(Incorporated under laws of)

3. 3/22/2004

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? August 26th, 2008

5. Michigan Commercial Insurance Mutual Corporation

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

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

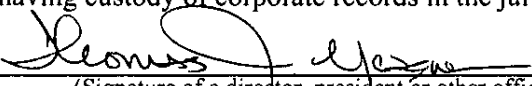
6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Thomas J. Messner

(Typed or printed name of person signing)

Vice President & COO

(Title of person signing)

**FILED**  
08 SEP 30 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

State of Michigan  
Department of Labor & Economic Growth  
**CERTIFICATION OF ARTICLES OF  
INCORPORATION OR AMENDMENTS TO  
ARTICLES OF INCORPORATION**

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Office of Financial & Insurance Regulation

P. O. Box 30220  
Lansing, MI 48909

I, Ken Ross, Commissioner  
have examined the

Amendment to Articles of Incorporation of  
MICHIGAN CONSTRUCTION INDUSTRY  
MUTUAL INSURANCE COMPANY

and certify that the same is in accordance with the requirements  
of the act under which this company is organized.



Signed this 11<sup>th</sup> day of September, 2008  
at Lansing, Michigan

Ken Ross  
Commissioner

Amendment or Restatement of Michigan Articles of Incorporation  
(Form FIS 0066)

Articles of Incorporation shall be changed to read as follows:

“The name of the corporation is Michigan Commercial Insurance Mutual.”

Article V, Section C, Directors shall be changed to read as follows:

“The Board of Directors shall consist of not less than two Directors nor more than ten. At least one Director of the corporation shall be a resident of the State of Michigan. Directors shall be elected annually either by mail ballot or at the annual meeting of members except that, if the members at a special meeting called for the purpose or without a meeting by unanimous consent, shall increase the number of Directors, additional Directors to fill the vacancies so created shall be elected at such meeting or by such consent. Directors shall be elected by a majority vote of the members voting in such election (in person or by proxy). All Directors shall hold office for a period of three (3) years and shall continue to serve until their successors are duly elected and qualified. Terms of Directors shall be staggered so that one-third of the Directors shall be elected each calendar year. At any duly called annual or special meeting of members, any Director may be removed from office with cause or without cause by the vote of the policyholders entitled to vote at an election of Directors.”