

F04 00000 1830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

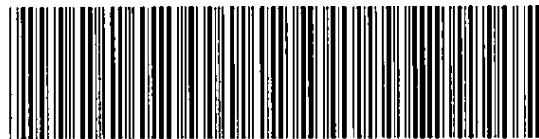
(Document Number)

Certified Copies _____ Certificates of Status _____

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showed proof
the check had
been cashed
10-24

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CLERK OF STATE
TALLAHASSEE, FL

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MATTHEW D. COBLE, ESQUIRE

DIRECT DIAL: (717) 231-5273
E-MAIL: MDCoble@mette.com

October 23, 2024

VIA Federal Express

Florida Department of State
Division of Corporations
Amendment Section
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: iQUE Insurance Company f/k/a
Michigan Commercial Insurance Mutual -
Foreign Corp. - Name Change Amendment
Document Number: F04000001830

Dear Sir/Madam:

Enclosed for filing with your office is an Application by Foreign Corporation to File Amendment to Application for Authorization to Transact Business in Florida, together with supporting documentation and a check made payable to the "Florida Department of State" in the amount of \$43.75. If you have any questions, please do not hesitate to contact me directly. We very much appreciate your courtesy and cooperation.

Respectfully yours,

Matthew D. Coble

cc: iQUE Insurance Company (by email with attaches.)
Ms. Megan Torrance, Florida Office of Insurance Regulation ((by email with attaches.)

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TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Michigan Commercial Insurance Mutual

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:

Matthew D. Coble

Name of Contact Person

Mette Evans & Woodside, PC

Firm/Company

3401 N. Front Street

Address

Harrisburg, PA 17110

City/State and Zip Code

mdcoble@mette.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matt Coble

at (717) 231-5273

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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CLERK OF STATE
TALLAHASSEE, FL

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 Commercial Insurance Mutual
(Name of corporation as it appears on the records of the Department of State)
2. Michigan 3. 03/22/2004
(Incorporated under laws of) (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? 10/09/24
5. IQUE Insurance Company
(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.

N/A
(New duration)

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

N/A
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: _____ Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

Signature of New Registered Agent, if changing

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TALLAHASSEE, FL

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9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>President</u> <u>CEO</u>	<u>Laurie Zdanis</u>	<u>PO Box 19769, Sarasota, FL 34276</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
<u>Secretary</u>	<u>Dawn Padova</u>	<u>PO Box 19769, Sarasota, FL 34276</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
<u>Treasurer</u>	<u>Justin Turner</u>	<u>PO Box 19769, Sarasota, FL 34276</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
<u>President</u> <u>CEO</u>	<u>William V. Nutt, Jr</u>	<u>PO Box 19769, Sarasota, FL 34276</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
<u>Secretary</u> <u>Treasurer</u>	<u>William V. Allen</u>	<u>PO Box 19769, Sarasota, FL 34276</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TREASURER
FL

10. 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.

William B. Allen

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

William B. Allen

(Typed or printed name of person signing)

Treasurer

(Title of person signing)

FILING FEE \$35.00

Item 9, continued...

REMOVE:

Donald Pratt as "Chair"
Gregory Shugart as "Assistant Vice Chair"
Andrew Hofstra as "Director"
Glenwood Huntley as "Director"
Mark Glynn as "VC"
Paul Maurer as "Director"

ADD: *All directors*

William V. Nutt, Jr.
William B. Allen
Troy J. Prevot
Steven C. Novak -
Marshall P. Schutt
Jeffrey R. Smith

Address for each ADDED is:

P.O. Box 19769
Sarasota, Florida 34276

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**CLERK OF STATE
TALLAHASSEE, FL**

**CERTIFICATION OF ARTICLES OF
INCORPORATION OR AMENDMENTS TO
ARTICLES OF INCORPORATION**

P. O. Box 30220
Lansing, MI 48909

I, Anita G. Fox, Director
have examined the

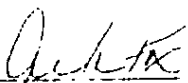
Amended and Restated Articles of Incorporation of

iQUE Insurance Company

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



Signed this 9th day of October, 2024
at Lansing, Michigan


Anita G. Fox, Director



STATE OF MICHIGAN

Department of Attorney General
Lansing, Michigan

I **Hereby Certify**, That I have examined the

AMENDED AND RESTATED ARTICLES OF INCORPORATION
OF
IQUE INSURANCE COMPANY

and find the same in accordance with the requirements of the statutes of
the State of Michigan and not in conflict with the Constitution of this
State.

Dated at Lansing, Michigan, this 3rd day of October, 2024.

A handwritten signature in black ink, appearing to read "Scott A. Mertens".

Scott A. Mertens
Assistant Attorney General