

FD5000001002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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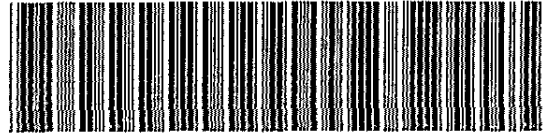
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

certificate OK  
per Brenda

W05-5976

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01/28/05--01066--002 \*\*78.75

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05 FEB 16 PM 3:54  
STOCKHOLM, FLA  
TALLAHASSEE, FLORIDA

JP  
2-16-05

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cherokee 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:

Mark J. Dadabbo

(Name of Person)

Cherokee Insurance Company

(Firm/Company)

34200 Mound Road

(Address)

Sterling Heights, MI 48310

(City/State and Zip code)

For further information concerning this matter, please call:

Mark J. Dadabbo

(Name of Person)

at ( 800 ) 201-0450, x3474

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration 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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

February 4, 2005

MARK J. DADABBO  
CHEROKEE INSURANCE COMPANY  
34200 MOUND RD  
STERLING HEIGHTS, MI 48310

SUBJECT: CHEROKEE INSURANCE COMPANY  
Ref. Number: W05000005976

We have received your document for CHEROKEE INSURANCE COMPANY and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

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) 245-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 505A00008183

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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. Cherokee 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 3. 38-3464294  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7/26/1946 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. None  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 34200 Mound Road, Sterling Heights, MI 48310  
(Principal office address)

34200 Mound Road, Sterling Heights, MI 48310  
(Current mailing address)

8. Property/Casualty insurance company.  
(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: Peter F. Souza, c/o CT Corporation System

Office Address: 1200 South Pine Island Road  
Plantation , Florida 33324  
(City) (Zip code)

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STATE  
TALLAHASSEE, FLORIDA

**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.*

**PETER F. SOUZA**  
**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: See attached list

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

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

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

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

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

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

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

**B. OFFICERS**

President: See attached list

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

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

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

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

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CLARK COUNTY, FLORIDA  
TALLAHASSEE, FLORIDA

**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. Mark J. Dadabbo, President and Director  
(Typed or printed name and capacity of person signing application)

Applicant Name: Cherokee Insurance Company

NAIC No.: 10642

FEIN: 38-3464294

**Directors**

**Business Address**

Matthew T. Moroun, Chairman

12225 Stephens Road  
Warren, MI 48089

Mark J. Dadabbo

34200 Mound Road  
Sterling Heights, MI 48310

Warren V. Core

34200 Mound Road  
Sterling Heights, MI 48310

Emmon W. Love

5910 Toole Drive  
Knoxville, TN 37919

Howard W. Sherrod, Jr.

5910 Toole Drive  
Knoxville, TN 37919

**Officers**

Mark J. Dadabbo, President

34200 Mound Road  
Sterling Heights MI 48310

Mary M. Rohn, Secretary

34200 Mound Road  
Sterling Heights MI 48310

Robert K. Kuhn, Treasurer

34200 Mound Road  
Sterling Heights, MI 48310

George C. Gerges, Vice President

34200 Mound Road  
Sterling Heights, MI 48310

Mark A. Schmalenberg, Vice President

34200 Mound Road  
Sterling Heights, MI 48310

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Applicant Name: Cherokee Insurance Company

NAIC No. 10642  
FEIN: 38-3464294

Uniform Certificate of Authority Application (UCAA)  
Certificate of Compliance

State of Michigan  
(Domiciliary state of applicant)

Office of Commissioner  
(Commissioner, Superintendent, Officer)

I, Linda A. Watters, hereby certify that I am the\*  
(name)  
Commissioner of the State of Michigan  
(position)

and have supervision of insurance business in said State and as such I hereby certify that  
Cherokee Insurance Company  
(name of Insurer)

of Sterling Heights, MI is duly organized under the laws of said State and is  
(city/state)

authorized to transact the business of Sections 606, 610, 620, 624(1b), 628  
(line of insurance)\*\*

insurance in this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand at Lansing, MI  
(location)

on this 20th day of January, A.D. 20 05  
(month)

Linda A. Watters  
(signature)

Linda A. Watters  
(printed name)

\* Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.

\*\* Lines of Insurance as shown on Form 3 of UCAA