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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~W09-44567~~

Office Use Only



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2009 OCT 27 PM 2:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2009

KRISTEN NETSCHKE
MEADOWBROOK INSURANCE GROUP, INC.
26255 AMERICAN DRIVE
SOUTHFIELD, MI 48034

SUBJECT: MARKETPLUS INSURANCE AGENCY, INC.
Ref. Number: W09000044567

We have received your document for MARKETPLUS INSURANCE AGENCY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 409A00032294



October 14, 2009

Florida Department of State
Division of Corporations
Attn: Loria Poole
P.O. Box 6321
Tallahassee, FL 32314

Re: MarketPlus Insurance Agency, Inc.
Ref. Number W09000044567

Dear Ms. Poole:

Enclosed is MarketPlus Insurance Agency, Inc.'s Application By Foreign Corporation For Authorization To Transact Business in Florida, a certificate of good standing dated within 90 days of the deliver of this application to your Department, and a copy of your October 6, 2009 letter.

Please contact me if you need anything further to process this application.

Thank you.

Sincerely,

A handwritten signature in black ink that reads "Kristen M. Netschke".

Kristen M. Netschke
Corporate Counsel
(248) 204-8157
knetschke@meadowbrook.com

Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MarketPlus Insurance Agency, Inc.

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," or "Certificate of Good Standing" 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:

Kristen Netschke

Name of Person

Meadowbrook Insurance Group, Inc.

Firm/Company

26255 American Drive

Address

Southfield, MI 48034

City/State and Zip code

kfreeman@meadowbrook.com

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

For further information concerning this matter, please call:

Kristen Netschke

Name of Person

at (248) 204-8157

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing 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 Cop \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. MarketPlus Insurance Agency, Inc.
 (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. 71-1051888
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 13, 2008 5. Perpetual
 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 26255 American Drive, Southfield, MI 48034
 (Principal office address)

26255 American Drive, Southfield, MI 48034
 (Current mailing address)

8. Wholesale insurance agency services.
 (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: C T Corporation System

Office Address: 1200 South Pine Island Road

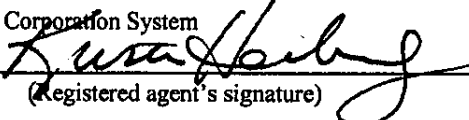
Plantation, Florida 33324
 (City) (Zip code)

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 TALLAHASSEE FLORIDA

FILED

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.

By: C T Corporation System

 (Registered agent's signature)

Kristine Heiberger
Assistant Secretary

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: Robert S. Cubbin

Address: 26255 American Drive
Southfield, MI 48034

Vice Chairman: N/A

Address: _____

Director: Michael G. Costello

Address: 26255 American Drive
Southfield, MI 48034

Director: Karen M. Spaun

Address: 26255 American Drive
Southfield, MI 48034

B. OFFICERS

President: Kenn R. Allen

Address: 26255 American Drive
Southfield, MI 48034

Vice President: N/A

Address: _____

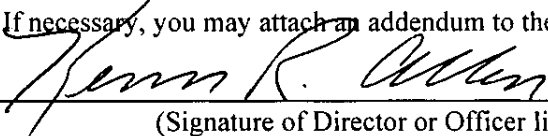
Secretary: and Senior Vice President: Michael G. Costello

Address: 26255 American Drive, Southfield, MI 48034

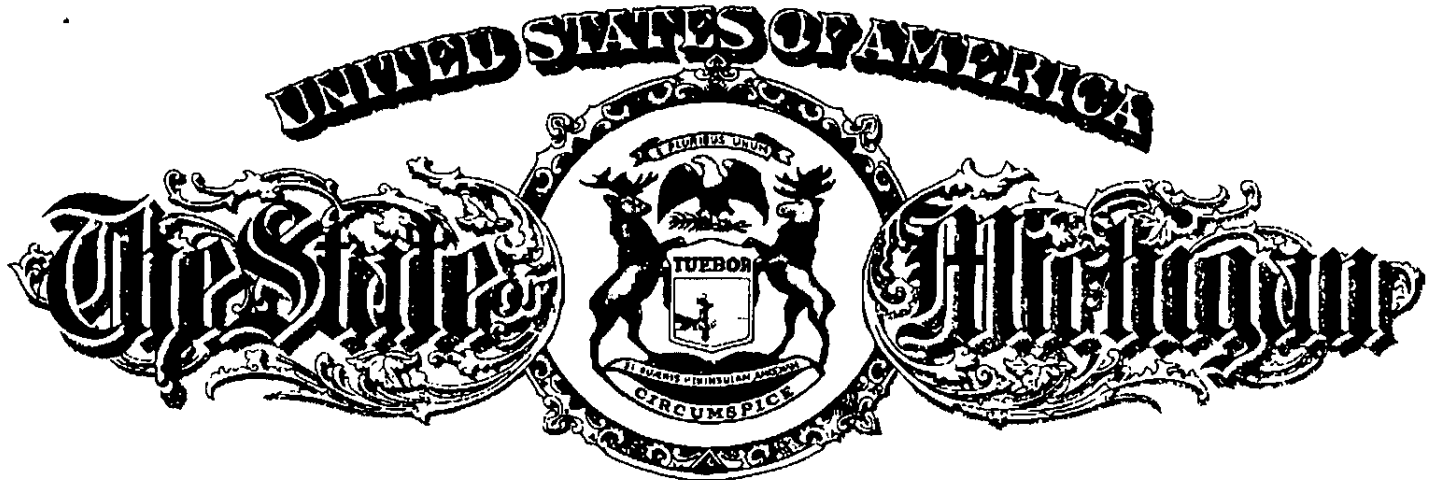
Treasurer: and Vice President: Karen M. Spaun

Address: 26255 American Drive, Southfield, MI 48034

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. Kenn R. Allen
(Typed or printed name and capacity of person signing application)



Department of Energy, Labor & Economic Growth

Lansing, Michigan

This is to Certify That

MARKETPLUS INSURANCE AGENCY, INC.

was validly incorporated on June 13, 2008, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 29th day of September, 2009.

Director

Bureau of Commercial Services



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
OCT 15 2009
BY THE CLERK OF THE DEPARTMENT

October 6, 2009

KRISTEN NETSCHKE
MEADOWBROOK INSURANCE GROUP, INC.
26255 AMERICAN DRIVE
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