F97000005532



October 17, 1998

400002667204--4 -10/19/98--01110--001 ******35.00 ******35.00

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

RE: CORPORATION NAME CHANGE

Dear Amendment Section:

This is to advise that Michigan Physicians Mutual Liability Company has changed its name to Mutual Insurance Corporation Of America (MICOA).

Please find enclosed the necessary application form and corresponding material required to change the company's name with the Amendment Section.

Should you have any questions or require any additional information, please do not hesitate to contact me at 1-800-748-0465, Ext. 6794.

Thank you for your prompt attention to this request.

Sincerely,

ane P. Chorley

Director of Compliance

Stratton-Cheeseman Management Company

SECRETARY OF STATE

jc

Encs.

name charge NFT 10-21-98

1301 North Hagadorn Road • P.O. Box 1471 • East Lansing, MI 48826-1471

(517) 351-1150 • 1-800-748-0465 • www.micoa.com

PROFIT CORPORATION

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

(1-3 must	TY COMPANY	98 OCT 19 PM 12: 56 SECRETARY OF STATE TALLAHASSEE, FLORIC
Name of corporation as it appears on the record	as of the Department of State.	DE
2. Michigan Incorporated under laws of	Date authorized to do but	siness in Florida
	CTION II	·
4. If the amondment changes the name of the I	y the applicable changes) corporation, when was the	change effected
under the laws of its jurisdiction of incorpora	3000(-101V-0-1990-	
 Mutual Insurance Corporation Of Ame Name of corporation after the amendment adding su appropriate abbreviation, if not contained in new han 	rica offix "corporation", company" or ne of the corporation.	incorporated, or
6. If the amendment changes the period of du	ration, indicate new period	of duration.
New Duration		
7. If the amendment changes the jurisdiction of	of incorporation, indicate ne	ew jurisdiction.
New Jurisdiction		
		,
Garagne 30.	October 15,199 Da) <u>8</u> TE:
Thomas C. Payne	Secretary-Treas	
Typed or printed name	Tre	16

INS 61 (12/95) State of Michigan
Department of Consumer and Industry Services
CERTIFICATION OF ARTICLES OF
INCORPORATION OR AMENDMENTS TO
ARTICLES OF INCORPORATION

Company Licensing Division Michigan Insurance Bureau P. O. Box 30220 Lansing, MI 48909

I have examined the

Amended Articles of Incorporation

of

MICHIGAN PHYSICIANS MUTUAL LIABILITY COMPANY

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

ONER OF THE PROPERTY OF MICHIGAN

Commissioner of Insurance

or institution

Dated: Suly 8

19 %



Department of Consumer & Industry Services Insurance Bureau

I certify that this is a true and complete copy of the original document on-file in this office.

Date:

Carol Ostrowski



STATE OF MICHIGAN

Attorney General's Department

LANSING, MICHIGAN

H Gerehy Certify, That I have examined the

AMENDMENT TO ARTICLES OF INCORPORATION OF MICHIGAN PHYSICIANS MUTUAL LIABILITY 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 18th	day of June	, 1998
---------------------------------------	-------------	--------

E. JOHN BLANCHARD Assistant Attorney General

Nº 723



INS 66 (3/90) State of Michigan Department of Licensing & Regulation Insurance Bureau

AMENDMENT TO or RESTATEMENT OF ARTICLES OF INCORPORATION

Company Admissions Division Michigan Insurance Bureau P.O. Box 30220 Lansing, Michigan 48909

(517) 373-6854

NAME OF THE CORPORATION: Michigan Physicians Mutual Liability Co.	THIS CORPORATION ORGANIZED UNDER PROVISIONS OF PUB	THE	218' of_	1956
			CHAPTER: _	50
DETAILS ABOUT MEETING WHERE AMENDMENT VOTE WAS TAKEN:	THE VOTE ON AMENE	DATENITE MALAC		·
Type of meeting (select one): Date of meeting:	THE VOIL ON AMENE	<u>In person</u>	<u>B</u> y p <u>rox</u> y	<u>Total</u>
□ Special	Votes FOR	8,420	238,482	246,902
City meeting was held in: East Lansing	Votes AGAINST	0	0	0
·	1			

THE ARTICLES OF INCORPORATION ARE TO BE AMENDED AS FOLLOWS: (attach additional sheets if necessary) Amending only-List article amended, and state the amendment.

Article I is amended to read in its entirety as follows:

ARTICLE I

The name assumed by this Corporation and by which it shall be known in law is MUTUAL INSURANCE CORPORATION OF AMERICA.

Certification

We certify that we are the president and secretary of this corporation, transacting business under Michigan Public Act 218 of 1956 as amended.

Notice of the intention to amend the articles of incorporation was given to the members or stockholders of this corporation in compliance with §500.5214 of the Michigan Insurance Code. After providing proper notice, a meeting was held and it was resolved by the required vote of stockholders or members to amend or restate the articles of incorporation, the details of which are described above.

Signature of the	President of the o	orporatio	n	Date	_
A	00				

Signature of the Secretary of the corporation

Date

President's name typed or printed

Thomas R. Berglund, M.D.

Secretary's name typed or printed
Thomas C. Payne, M.D.

Required by P.A. 218 of 1956 as amended. Failure to submit this form when amending the articles of incorporation of a domestic insurer will result in disapproval.

Amending & Restating-List article amended, and state the amendment, then restate articles including amendment.



State of Michigan John Engler, Governor

Department of Consumer & Industry Services Kathleen M. Wilbur, Director Insurance Bureau E. L. Cox, Commissioner

P.O. Box 30220 Lansing, Michigan 48909-7720 (517) 373-9273

July 8, 1998

JUL 16 1998

Mr. Monte D. Jahnke Kerr, Russell and Weber, PLC 500 Woodward Avenue, Suite 2500 Detroit, MI 48226-3427

RE: Name change of Michigan Physicians Mutual Liability Company Amended Certificate of Authority

Dear Mr. Jahnke:

The company's certificate of authority has been amended to reflect the name change from Michigan Physicians Mutual Liability Company to Mutual Insurance Corporation of America effective the date of this letter.

Please destroy any certificate of authority previously issued by the Michigan Insurance Bureau.

Sincerely,

Lois A. Sauers

Manager

Financial Analysis and Company Licensing Division

Enclosure