

ACORD™ MICHIGAN NOTICE OF ELECTION

I hereby certify that I am the Secretary of _____
and that the following is a true copy of a resolution duly adopted on the _____ day of _____
by the Board of Directors of _____, a Corporation duly
organized and existing under the law of the State of _____ and that said resolution is in
conformity with the Articles of Incorporation and By-laws of the Corporation and is now in full force and effect:

WHEREAS, the named persons of _____ elect to
be excluded from the corporation's workers disability compensation insurance policy and further certify that
each person listed on the Application for Exclusion of Officers and Stockholders meets the requirements of
Section 161(3) of the Workers' Disability Compensation Act which states as follows:

"An employee who is subject to this act, including an employee covered pursuant to section 121, who is
an employee of a corporation which has no more than 10 stockholders (and who is also an officer and
stockholder) who owns at least 10% of the stock of that corporation, with the consent of the corporation
as approved by its board of directors, may elect to be individually excluded from this act by giving notice
of the election in writing to the carrier with the consent of the corporation endorsed on this notice. The
exclusion shall remain in effect until revoked by the employee by giving a notice in writing to the carrier.
While the exclusion is in effect, section 141 shall not apply to any action brought by the employee
against the corporation: and

WHEREAS, the filing of this exclusion shall also be consistent with the laws of the State of Michigan."

In witness whereof, I have hereunto subscribed my name and attest to the following resolution this _____ day of
_____.

By: _____

Its: Secretary _____