F11000001848

(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:				

Office Use Only



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2811 APR 25 PM 2: 2

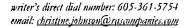
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RECEIVED

9 4/29/11

COVER LETTER

TO: New Filing Section Division of Corporations						
SUBJECT: First Dakota Indemnity Con	npany					
Name of corporation -	must include suffix					
Dear Sir or Madam:						
The enclosed "Application by Foreign Corporation for At "Certificate of Existence," or "Certificate of Good Standi above referenced foreign corporation to transact business	ng" and check are submitted to register the					
Please return all correspondence concerning this matter to	the following:					
Robert Hollan						
Name of Person						
First Dakota Indemnity Company						
Firm/Compa	any					
PO Box 89310						
Address						
Sioux Falls, SD 57109-9310						
City/State and	Zip code					
rob.hollan@rascompanies.com	future annual report notification)					
For further information concerning this matter, please call						
Robert Hollan at (605	362-5672					
	de & Daytime Telephone Number 25					
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
	78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy					





April 22, 2011

New Filing Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re:

First Dakota Indemnity Company

Application by Foreign Corporation for Authorization to Transact Business in Florida

Greetings:

Enclosed please find the necessary paperwork from First Dakota Indemnity Company for the Application by a Foreign Corporation for Authorization to Transact Business in Florida. I have also enclosed the Florida approval documentation for our Name Registration that was submitted under separate cover in November of 2010.

If you should have any questions or concerns, please contact me at the information above.

Thank you.

Sincerely,

Christine Johnson

Compliance Coordinator

Enclosures: As listed.

2811 APR 25 PM 2: 21

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.

	Indemnity Company				
	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ΓED	," "COMPANY," "CORPORATION,"		
те, со., с	orp, me, co, or corp.)				
(If name unavail	able in Florida, enter alternate corporate n	ame	adopted for the purpose of transacting business i	n Florida)	•
2. South Dakota	a	3.	46-0438963		
(State or country	under the law of which it is incorporated)	_	(FEI number, if applicable)		
4. <u>11/7/1995</u>		_ 5.	Perpetual		
(Date	e of incorporation)		(Duration: Year corp. will cease to exist or "pe	erpetual")	
6. <u>N/A</u>					
			in Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7, 300 Chera	pa Place, Suite 401 Sioux F	all	s, SD 57103		_
	(Principal office	ado	dress)		
PO Box 89	9310 Sioux Falls, SD 5710		· · · · · · · · · · · · · · · · · · ·		
	(Current mailing	ado	dress)		
8. Insurance	Company			22	Ġ
·		or c	ountry to be carried out in state of Florida)	=	¥SE SE
9 Name and stree	et address of Florida registered agent:	(P () Box NOT acceptable)	1 APR 25	9 %
		(<u></u>	25	
Name:	CT Corporation System			P	
Office Address:	1200 South Pine Island Road	<u>d</u>		Ÿ	
	Plantation		, Florida 33324	2	
	(City)		, Florida 33324 (Zip code)		
10. Registered as	gent's acceptance:				
Having been nam	ned as registered agent and to accept s		ice of process for the above stated corporation		
designated in this further agree to c	application, I hereby accept the appo omply with the provisions of all statut	inti les i	ment as registered agent and agree to act in relative to the proper and complete performa	inis capac ince of m	city. i v duties,
	with and accept the obligations of my			•	ŕ
	T. 126.				
_	(Registered agent's signat	ure)			

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:

-4.1.

A. DIRECTORS	and a contendent ting
Chairman: Richard E. Johnson	2011 APR 25 PM 2: 21
Address: 300 Cherapa Place, Suite 401	
Sioux Falls, SD 57103	
Vice Chairman: R. Edward Johnson	<u>,</u>
Address: 300 Cherapa Place, Suite 401	
Sioux Falls, SD 57103	
Director: Robert J. Hollan	
Address: 300 Cherapa Place, Suite 401	
Sioux Falls, SD 57103	
Director: Theodore A. Brandner	
Address: 300 Cherapa Place, Suite 401	
Sioux Falls, SD 57103	
B. OFFICERS	
President: Richard E. Johnson	
Address: 300 Cherapa Place, Suite 401	
Sioux Falls, SD 57103	
Vice President: R. Edward Johnson	
Address: 300 Cherapa Place, Suite 401	
Sioux Falls, SD 57103	-природи
Secretary: Robert J. Hollan	
Address: 300 Cherapa Place, Suite 401 Sioux Falls, SD 57103	
Treasurer: Theodore A. Brandner	
Address: 300 Cherapa Place, Suite 402 Sioux Falls, SD 57103	
NOTE: If necessary, you may attach an addendum to the application listing additional actions and addendum to the application listing additional actions are application and addendum to the application listing additional actions are application and addendum to the application listing additional actions are application and addendum to the application listing additional actions are application and additional actions are applications and actions are applications and additional actions are applications.	tional officers and/or directors.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 abo are true and that he or she is aware that false information submitted in a documen hird degree felony as provided for in s.817.155, F.S.	
14	

(Typed or printed name and capacity of person signing application)

Larry E. Klaahsen 300 Cherapa Place, Suite 401 Sioux Falls, SD 57103

Myron Rau 300 Cherapa Place, Suite 401 Sioux Falls, SD 57103

Michelle Schipper 300 Cherapa Place, Suite 401 Sioux Falls, SD 57103

Steve Hengen 300 Cherapa Place, Suite 401 Sioux Falls, SD 57103

Matt Staniszewski 300 Cherapa Place, Suite 401 Sioux Falls, SD 57103

ONVISION OF CONTRACTATION

State of South Bakota

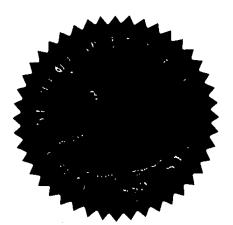


OFFICE OF THE SECRETARY OF STATE

Certificate of Fact

ORGANIZATIONAL ID #: IN000124

I, JASON M. GANT, Secretary of State of the State of South Dakota, do hereby certify that FIRST DAKOTA INDEMNITY COMPANY was filed with our office on September 28, 1995 and is still on the active list and has not filed for dissolution with our office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the state of South Dakota, in Pierre, the Capital City, this day April 20, 2011.

Jason M. Gant Secretary of State