

F13000001578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

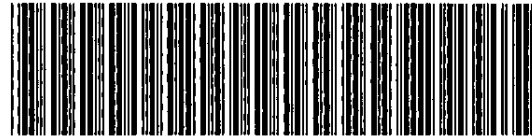
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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W13-17330



PENNINGTON P.A.

Steve Roddenberry
Special Consultant

Phone: (850) 222-3533

Fax: (850) 222-2126

sroddenberry@penningtonlaw.com


March 19, 2013

Personal and Confidential

Brenda Tadlock
Bureau Chief
Bureau of Commercial Recordings
Secretary of State's Office
P.O. Box 6327
Tallahassee, FL 32314

Re: Farmers Specialty Insurance Company

Dear Ms. Tadlock:


On behalf of Farmers Specialty Insurance Company, let me thank you again for all of your guidance and understanding over the last few weeks as we have collectively tried to overcome some inadvertent oversights of the past. With your help, we have completed the enclosed application.

Please find enclosed: An Application by Foreign Corporation for Authorization to Transact Business in Florida; a check in the amount of \$87.50 made out to the Florida Department of State reflecting the filing fee, and cost of producing a Certificate of Status and a Certified copy of the application; and, in lieu of an original certificate of existence, a Certification of Compliance from the Michigan Department of Insurance. Because the State of Michigan requires insurance companies to file corporate records only with the Department of Insurance, no document comparable to a certificate of compliance is on file with the Michigan Secretary of State's Office. We confirmed the acceptability of the enclosed Certificate of Compliance with Ms. Cushing of the Florida Secretary of State's Office on March 13, 2013.

Providing your acceptance and approval of the enclosed is forthcoming, please forward the appropriate approval and documentation to Martin R. Brown, as requested in the enclosed

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FARMERS SPECIALTY 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," 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:

Martin R. Brown, M.C. #1455

Name of Person

Farmers Specialty Insurance Company

Firm/Company

P.O. Box 2450

Address

Grand Rapids, Michigan 49501

City/State and Zip code

marty.brown@farmersinsurance.com ✓

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

For further information concerning this matter, please call:

Patricia Roempke

at (616) 956-2447

Name of Person

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

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2013

MARTIN R. BROWN, M.C. 1455
PO BOX 2450
GRAND RAPIDS, MI 49501

SUBJECT: FARMERS SPECIALTY INSURANCE COMPANY
Ref. Number: W13000017330

We have received your document for FARMERS SPECIALTY INSURANCE COMPANY and your check(s) totaling \$87.50. 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.

The document number you reference on line 6 is a different name than what you are registering.,

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) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 413A00007011

**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. Farmers Specialty 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. 59-2326047

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. October 12, 2009 5. Perpetual

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual")

6. October 12, 2009, under DocNo. G59336

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5600 Beech Tree Lane, Caledonia, MI 49316

(Principal office address)

P.O. Box 2450, Grand Rapids, Michigan 49501

(Current mailing address)

8. Insurance

(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: CHIEF FINANCIAL OFFICER

Office Address: 200 E. GAINES ST

TALLAHASSEE

(City)

, Florida 32399-0000 US

(Zip code)

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.

(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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Stephen J. Boshoven

Address: 5600 Beech Tree Lane
Caledonia, MI 49316

Vice Chairman: Ronald G. Myhan

Address: c/o 5600 Beech Tree Lane
Caledonia, Michigan 49316

Director: Donald E. Rodriguez

Address: c/o 5600 Beech Tree Lane
Caledonia, MI 49316

Director: Kenneth W. Bentley

Address: c/o 5600 Beech Tree Lane
Caledonia, MI 49316

B. OFFICERS

President: Stephen J. Boshoven

Address: 5600 Beech Tree Lane
Caledonia, MI 49316

Vice President: Ronald G. Myhan

Address: c/o 5600 Beech Tree Lane
Caledonia, MI 49316

Secretary: Martin R. Brown

Address: 5600 Beech Tree Lane, Caledonia, MI 49316

Treasurer: Jeffrey L. Pepper

Address: 5600 Beech Tree Lane, Caledonia, MI 49316

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Martin R. Brown

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Martin R. Brown, Secretary

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

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Farmers Specialty Insurance Company

Board Members:

Kenneth W. Bentley
Stephen J. Boshoven
Peter D. Kaplan
Dale A. Louie
David W. Marlin
Ronald G. Myhan
Donald E. Rodriguez
John T. Wuo

Company Business Address: 5600 Beech Tree Lane, Caledonia, MI 49316

Officers

Title

Stephen J. Boshoven	President & Chief Operations Officer
Martin R. Brown	Vice President, Secretary & General Counsel
Ronald G. Myhan	Vice President
Jeffrey L. Pepper	Treasurer

Business Address for Officers: 5600 Beech Tree Lane, Caledonia, MI 49316

FIS 0659 (03/09) State of Michigan Department of Licensing and Regulatory Affairs

CERTIFICATE OF COMPLIANCE

Office of Financial and Insurance Regulation

Effective Date: December 31, 2012

THIS IS TO CERTIFY, that

Farmers Specialty Insurance Company
(Michigan stock insurer)
NAIC No. 43699

is organized under the laws of this State and is authorized to issue policies and transact business under the following Sections of the Insurance Code of 1956, as amended:

Chapter 06 - Section 606 - Disability
Chapter 06 - Section 610 - Property
Chapter 06 - Section 614 - Ocean Marine
Chapter 06 - Section 616 - Inland Marine
Chapter 06 - Section 618 - Legal Expense
Chapter 06 - Section 620 - Automobile Insurance - limited
Chapter 06 - Section 624 - SubSection 1a - Casualty: Steam Boiler, Flywheel & Machinery
Chapter 06 - Section 624 - SubSection 1b - Casualty: Liability
Chapter 06 - Section 624 - SubSection 1b - Casualty: Workers' Compensation
Chapter 06 - Section 624 - SubSection 1b - Casualty: Automobile
Chapter 06 - Section 624 - SubSection 1c - Casualty: Plate Glass
Chapter 06 - Section 624 - SubSection 1d - Casualty: Sprinkler and Water Damage
Chapter 06 - Section 624 - SubSection 1e - Casualty: Credit
Chapter 06 - Section 624 - SubSection 1f - Casualty: Burglary and Theft
Chapter 06 - Section 624 - SubSection 1g - Casualty: Livestock
Chapter 06 - Section 624 - SubSection 1h - Casualty: Malpractice
Chapter 06 - Section 624 - SubSection 1i - Casualty: Misc - Other
Chapter 06 - Section 625 - Disability coverage supplemental to Auto Insurance
Chapter 06 - Section 628 - Surety & Fidelity

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CERTIFIED COPY

January 08, 2013

Office of Financial & Insurance Regulation