-950003879

TO: QUALIFICATION/REGISTRATION SECTION DIVISION OF CORPORATIONS

SUBJECT: Proferred America Insurance Company

(Name of corporation)

400001540474 -07/18/95--01098--005 ****131.25 ****131.25

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Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Florida", "Certificate of Existence", and check are suforeign corporation to transact business in Florida.	or Authorization to Transact Business in ubmitted to register the above referenced
Please return all correspondence concerning this matter	er to the following:
Nancy Bruce (Name of Person)	
Preferred Risk Group (Firm/Company)	W95-14656
1111 Ashworth Road (Address)	
West Des Moines, TA 50265 (City, State and Zip Code)	95 AUG
Should you need to call someone concerning this mat	<u> </u>
1,62107 22300	267 - 5558

COURIER ADDRESS:

Qualification/Registration Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Registration Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



Preferred Risk Mutual Insurance Company Preferred Risk Life Insurance Company Midwest Mutual Insurance Company Preferred Abstaliners Insurance Company Preferred America Insurance Company

LEGAL DEPARTMENT

July 13, 1995

Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RE: Application for Certificate of Status for Preferred America Insurance Company

Dear Sir or Madam:

Enclosed you will find the following items:

- 1. Certificate of Existence issued by the State of Illinois.
- 2. Transmittal Letter.
- 3. Check payable to the Secretary of State of Florida in the amount of \$131.25.
- 4. Application by Foreign Corporation for Authorization to Transact Business in Florida form.

I respectfully request that you issue a Certificate of Status to the Preferred America Insurance Company so that we may proceed with our application for admission to the State. Thank you for your attention to this matter.

Sincerely,

Nancy Bruce Legal Assistant

(515) 267-5558

Enc.

OS AUG 11 AH 10: 56



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 20, 1995

NANCY BRUCE PREFERRED RISK GROUP 1111 ASHWORTH ROAD WEST DES MOINES, IA 50265

SUBJECT: PREFERRED AMERICA INSURANCE COMPANY

Ref. Number: W95000014656

We have received your document for PREFERRED AMERICA INSURANCE COMPANY and your check(s) totaling \$131.25. However, the document has not been filed and is being retained in this office for the following:

The certificate that you have submitted is issued by the Department of Insurance. What we require for our filing purposes is a certificate issued by the Secretary of State's office. $\mbox{\ensuremath{\wp}}$

A certificate of existence, 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 living of your document, please call (904) 487-6095.

Jennifer Sindt Document Examiner

Letter Number: 195A00034760

* Called Lee 8/8 & said rensurance artificate coals and they 15500.



Preferred Risk Mutual Insurance Company Preferred Risk Life Insurance Company Midwest Mutual Insurance Company Preferred Abstalners Insurance Company Answar America

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LEGAL DEPARTMENT

August 8, 1995

Jennifer Sindt Document Examiner Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RE: Preferred America Insurance Company Your Reference Number: W95000014656

Dear Jennifer:

I have received your letter to Nancy Bruce dated July 20, 1995 regarding our request for a certificate of status for the Preferred America Insurance Company.

I understand your department requires a certificate of existence issued by the domiciliary Secretary of State in order to issue a certificate of status. However, when this was requested from the Illinois Secretary of State, I received a certificate of authority from the Department of Insurance, similar to the document sent to you in our original submission.

I spoke with the Florida Department of State and was informed that such a document is not issued by the Secretary of all states. I was advised to return to your attention Nancy Bruce's letter to the Secretary of State requesting a certificate of existence and the document which was subsequently returned to us. You will find these items enclosed.

Since such certificate of existence does not seem to be issued by the Illinois Secretary of State, I hope this will satisfy the requirements of the Florida Department of State to issue a certificate of status for the Preferred America Insurance Company.

If you have any questions, do not hesitate to call Nancy Bruce or myself at (515) 267-5558.

Sincerely,

Janel Johnson Legal Department

fance Johnson

Enc.



Preferred Risk Mutual Insurance Company Preferred Risk Ute Insurance Company Midwest Mutual Insurance Company Preferred Abstainers Insurance Company Ansvar America

LEGAL DEPARTMENT

July 20, 1995

Honorable George H. Ryan, Sr. Secretary of State 213 Capitol Springfield, IL 62756

Dear Honorable Ryan, Sr.:

I am writing on behalf of Preferred America Insurance Company, an Illinois domiciled company. We are in the process of completing admissions applications for several states. The State of Florida requires an original certificate of existence as part of its admissions package.

I have enclosed a check, payable to the Secretary of State, in the amount of \$5.00 and request that you mail the certificate to the attention of the legal department at the address below. Thank you for pur assistance.

Sincerely,

Nancy Bruce/47

Nancy Bruce Legal Assistant

Enc.

SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE STATE SECRETARY OF SECRETARY

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:

2. <u>Illinois</u> 3. 36-3230348	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. April 8, 1983 5. Perpetual (Date of Incorporation) (Duration: Year corp. will cease to exist or	
(Date of Incorporation) (Duration: Year corp. will cease to exist or	porpotual)
6. N/A	71 - 15 E
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)	등 교육
7. 830 North Meacham Road	_ nan
Schaumburg, IL 60173-4900	그걸 걸유
(Current mailing address)	AND:
- ·	เท เก
8. <u>Underwrite Property and Casualty Insurance</u> , Commercial Insurance	
(Purposels) of cornoration authorized in home emte or country to be coming to the	451-14-1
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of	f Florida)
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of	f Florida)
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of 9. Name and street address of Florida registered agent:	f Florida)
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Plorida registered agent: Name:	f Florida)
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Plorida registered agent: Name:	f Florida)
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(Purpose(s) of corporation authorized in home state or country to be carried out in the state of	
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of	9-0300
9. Name and street address of Florida registered agent: Name: Insurance Commissioner Office Address: Capitol Tallahassee , Florida , 32399 (Zip 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the	0-0300 Code)
9. Name and street address of Florida registered agent: Name: Insurance Commissioner Office Address: Capitol Tallahassee , Florida , 32399 (Zip 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the corporation at the place designated in this application. I hereby accept the an	0-0300 Code) above state
9. Name and street address of Florida registered agent: Name: Insurance Commissioner Office Address: Capitol Tallahassee , Florida , 32399 (Zip 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the corporation at the place designated in this application, I hereby accept the appregistered agent and agree to act in this capacity. I further agree to comply with a service of process for the corporation at the place designated in this capacity. I further agree to comply with a service of process for the corporation at the place designated in this capacity. I further agree to comply with a service of process for the corporation at the place designated in this capacity. I further agree to comply with a service of process for the corporation at the place designated in this capacity. I further agree to comply with a service of process for the corporation at the place designated in this capacity. I further agree to comply with a service of process for the corporation at the place designated in this capacity. I further agree to comply with a service of process for the corporation at the place designated in this capacity. I further agree to comply with a service of process for the corporation at the place designated in this capacity.	0-0300 Code) above state pointment a
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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 addresses of officers and/or directors:

A. DIRE	CTORS	
		Fobort M. Plunk
	Address:	1111 Ashworth Road
		West Des Moines, IA 50265
	Vice Chair	man: <u>N/A</u>
ုံး ပွ	Address: _	
		·
	Director:	Phil Vanderah
Figure Fi		1111 Ashworth Road
	_	West Des Moines, IA 50265
8 S	-	Donald James Ford
		830 N. Meacham Road
	Addiess: _	Schaumburg, IL 60173
n 0551/	-	Section of the Court of the Cou
B. OFFIC	CERS	Robert M. Plunk
	President:	1111 July models Donad
	Address: _	1111 Ashworth Road
	-	West Des Moines, IA 50265
	Vice President	dent: of Administration: Judy Brannon
	Address: _	1111 Ashworth Boad
		West Des Moiras, IA 50265
	Secretary:	Phil Vanderah
· · · · · · · · · · · · · · · · · · ·	Address:	1111 Ashworth Read
		West Des Moines, TA 50265
	Treasurer	Phil Vanderah
	Address:	1111 Ashworth Road
		West Des Moines, IA 50265
		may attach an addendum to the application listing additional officers
and/or direct	.018/	71
13.	del m	146
(Signăture	of Chairman, Vic	e Chairman, or any officer listed in number 12 of the application)
14. Rober	ct M. Plunk	and capacity of person signing application)
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ADDENDUM TO APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

A. DIRECTORS

Director: W. Boyd Christensen 830 N. Meacham Road Schaumburg, IL 60173

Director: Adam A. Jahns

830 N. Meacham Road Schaumburg, IL 60173

Director: Fredrick Allen Hardy

830 N. Meacham Road Schaumburg, IL 60173

Director: Sydney C. Vanderlinden 830 N. Meacham Road

830 N. Meacham Road Schaumburg, IL 60173

Director: Mikael L. Hallaker

830 N. Meacham Road Schaumburg, IL 60173

Director: Lee B. McLain

830 N. Meacham Road Schaumburg, IL 60173

B. OFFICERS

Vice President

of Operations: Pamela M. Schweda

830 N. Meacham Road Schaumburg, IL 60173

Vice President, Sales, Independent

Agencies:

Ronald C. Wilson 1111 Ashworth Road

West Des Moines, Iowa 50265



STATE OF ILLINOIS DEPARTMENT OF INSURANCE

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I, the undersigned, Director of Insurance of the State of Illinois, hereby certify that the document to which this Certification is attached is a true and correct copy of the original now on file in and forming a part of the records of the Department of Insurance.

In witness whoreof, I hereto set my hand and cause to be affixed the Seal of my office in Springfield, Jilnois

Date: AUG 0 3 1995

Mark Boozell, Director of Insurance

By Karon

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In Testimony Whereof,

I hereto set my hand and cause to be affixed	the Seal of my office
Done at the City of Springfield, this	779
day of actotrer	19 <u>94</u>
James W. Sal	asht
James W. Schacht, Acting	Director of Insurance