

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001979

Entity Name: ARTHUR A. HIRMAN AGENCY, INC.**Current Principal Place of Business:**5200 MEMBERS PARKWAY NW
ROCHESTER, MN 55903**Current Mailing Address:**P.O.BOX 6887
ROCHESTER, MN 55903**FEI Number:** 41-0824922**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title VP
Name SNYDER, MICHAEL
Address 5200 MEMBERS PARKWAY NW
City-State-Zip: ROCHESTER MN 55903

Title P
Name MACKIN, PAUL
Address 5200 MEMBERS PARKWAY NW
City-State-Zip: ROCHESTER MN 55903

Title S
Name SPOHN, STEVE
Address 5200 MEMBERS PARKWAY NW
City-State-Zip: ROCHESTER MN 55903

Title T
Name BECK, DAN
Address 5300 MEMBERS PKWY
City-State-Zip: ROCHESTER MN 55903

Title VP
Name HANSON, KAREN A
Address 5200 MEMBERS PARKWAY NW
City-State-Zip: ROCHESTER MN 55903

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KAREN HANSONVP OF INSURANCE
SERVICES

01/26/2016

Electronic Signature of Signing Officer/Director Detail_____
Date