

801960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

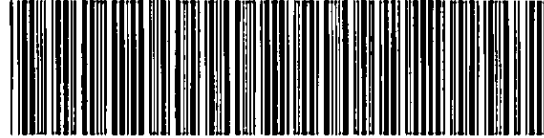
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700358671527

01/25/21--01016--030 **35.00

MAR 09 2021
S. YOUNG

2021 JAN 25 PM 5:09

611770



Certificate of Authority

State of Wisconsin

Office of the Commissioner of Insurance

Certificate No.: 54218139
Date Effective: 01/01/2021
License Chapter: 611 Wis. Stat.

This is to Certify, That pursuant to the Insurance Laws of the state of Wisconsin,

Sentry Insurance Company

WISCONSIN

Has paid the fees and taxes required by law and that it is hereby authorized to transact the business of:

- Aircraft
- Automobile
- Credit Insurance
- Credit Unemployment
- Disability Insurance
- Fidelity Insurance
- Fire, Inland Marine and Other Property Insurance
- Liability and Incidental Medical Expense Insurance (other than automobile)
- Miscellaneous
- Ocean Marine Insurance
- Surety Insurance
- Workers Compensation Insurance

Subject to the following limitations:

None

In the state of Wisconsin as long as the insurer continues to conform to the authority granted by this certificate, is in full compliance with all, and not in violation of any, of the applicable laws and lawful requirements made under authority of the laws of the state of Wisconsin.

Commissioner of Insurance

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Sentry Insurance a Mutual Company

Name of Corporation

DOCUMENT NUMBER: 801960

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jill Kimes

Name of Contact Person

Sentry Insurance Company

Firm/Company

1800 North Point Dr

Address

Stevens Point WI 54481

City/State and Zip Code

statutoryreporting@sentry.com

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

For further information concerning this matter, please call:

Jill Kimes

at (715) 346-6252

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

801960

(Document number of corporation (if known))

1. Sentry Insurance a Mutual Company

(Name of corporation as it appears on the records of the Department of State)
2. Wisconsin

(Incorporated under laws of)
3. 07/01/1924

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? January 1, 2021

5. Sentry Insurance Company

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) _____
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

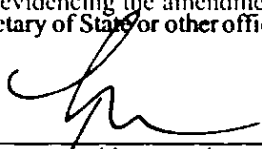
Signature of New Registered Agent, if changing

2021 JAN 25 PM 5:09

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|---------------------|------------------------|---|
| President | Peter G. McPartland | 1800 North Point Drive | <input checked="" type="checkbox"/> Add |
| | | Stevens Point WI 54481 | <input type="checkbox"/> Remove |
| Vice Pres | Michael J. Williams | 1800 North Point Drive | <input checked="" type="checkbox"/> Add |
| | | Stevens Point WI 54481 | <input type="checkbox"/> Remove |
| Secretary | Kip J. Kobussen | 1800 North Point Drive | <input checked="" type="checkbox"/> Add |
| | | Stevens Point WI 54481 | <input type="checkbox"/> Remove |
| Treasurer | Todd M. Schroeder | 1800 North Point Drive | <input checked="" type="checkbox"/> Add |
| | | Stevens Point WI 54481 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Kip J. Kobussen

(Typed or printed name of person signing)

Vice President and Secretary

(Title of person signing)

FILING FEE \$35.00