

F02000002625

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

00855-00647-02963

5/14

SUBJECT: Nonprofits Insurance Company

(Name of corporation - must include suffix)

W02-14632

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Aut
"Certificate of Existence", and check are submitted to regi:
to transact business in Florida.

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-05/14/02--01044--010

*****78.75 *****78.75

MJH

Please return all correspondence concerning this matter to the following:

Lori Oleson

(Name of Person)

Nonprofits Insurance Company

(Firm/Company)

920 Second Avenue South, Suite 700

(Address)

Minneapolis, MN 55402

(City/State and Zip code)

For further information concerning this matter, please call:

Lori Oleson

(Name of Person)

at (612) 288.2710

(Area Code & Daytime Telephone Number)

FILED
02 MAY 14 AM 9:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration 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

**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. Nonprofits Insurance Company
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Minnesota 3. 41-1654112
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 1, 2002 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. This submission is a name change. This organization has existed since 1989*
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 920 Second Avenue South, Suite 700, Minneapolis, MN 55402
(Principal office address)
920 Second Avenue South, Suite 700, Minneapolis, MN 55402
(Current mailing address)
8. Property and casualty insurer.
(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 or Mail Drop Box NOT acceptable)
Name: CORPORATION SERVICE COMPANY
Office Address: 1201 HAYS STREET
TALLAHASSEE, Florida 32301
(City) (Zip code)

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02 MAY 14 AM 9:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

*under the name Nonprofits Insurance Association, an Interinsurance Exchange.---On May 1, 2002, it reorganized and changed its name to Nonprofits Insurance Company. Prior to May 1, 2002, it was registered with the Florida Department of Insurance and authorized to conduct insurance business in the State of Florida.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Vicki J. Fraher

Address: 3033 East Calhoun Parkway, Minneapolis, MN 55408

Director: Michael T. Elsenpeter

Address: 17629 Kettering Trail, Lakeville, MN 55044

B. OFFICERS

President: Kenneth R. Hopkins

Address: 920 Second Avenue South, Suite 700

Minneapolis, MN 55402

Vice President: N/A

Address: _____

Secretary: Fred A. Mauck

Address: 920 Second Avenue South, Suite 700, Minneapolis, MN 55402

Treasurer: Michael T. Elsenpeter

Address: 920 Second Avenue South, Suite 700, Minneapolis, MN 55402

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

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Fred A. Mauck, Secretary

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

Addendum

12. Names and addresses of additional directors

Louis A. Golinvaux
135 Edgewood Court, Wayzata, MN 55391

Kenneth R. Hopkins
940 Brockton Lane North, Plymouth, MN 55447

George Byron Laher
1106 Washburn Avenue North, Minneapolis, MN 55411

Fred A. Mauck
6104 Habitat Court, Edina, MN 55436

William M. Schneider
1147 Good, Park Ridge, IL 60068

Mark C. Tansey
6612 Biscayne Boulevard, Edina, MN 55436

Laura J. Williams
8605 Poplar Bridge Curve, Bloomington, MN 55437



MINNESOTA
DEPARTMENT OF
COMMERCE

85 7th Place East, Suite 500
St. Paul, Minnesota 55101-2198
651.296.4026 FAX 651.297.1959 TTY 651.297.3067

CERTIFICATE OF COMPLIANCE

State of Minnesota Department of Commerce

I, James C. Bernstein, hereby certify that I am the*
Commissioner of Commerce of the State of Minnesota

and have supervision of insurance business in said State and as such I hereby certify that

Nonprofits Insurance Company

domiciled in the State of Minnesota is authorized to transact the business of:

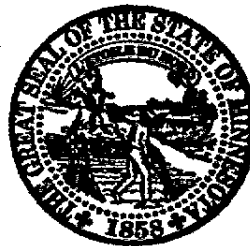
- | | | | |
|--|---------------------------|--|--|
| <input checked="" type="checkbox"/> 1 | Fire | <input checked="" type="checkbox"/> 8 | Glass |
| <input checked="" type="checkbox"/> 2b | Personal Property Floater | <input checked="" type="checkbox"/> 9a | Burglary & Theft |
| <input checked="" type="checkbox"/> 3 | Boiler & Machinery | <input checked="" type="checkbox"/> 9b | Security & Drafts |
| <input checked="" type="checkbox"/> 5b | Workers' Compensation | <input checked="" type="checkbox"/> 9c | Personal Property Floater for Casualty Companies |
| <input checked="" type="checkbox"/> 6 | Fidelity & Surety | <input checked="" type="checkbox"/> 9d | Water Damage |

as specified in Minnesota Statutes, Section 60A.06, Subdivision 1, in this state in accordance with the laws thereof, until the first day of June, 2002.

IN TESTIMONY WHEREOF, I have hereunto set my hand at St. Paul, Minnesota

on this 3rd day of May, 2002.

JAMES C. BERNSTEIN



* Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.