

FO2 000004258

Northern Plains Insurance Company, Inc.  
714 Douglas Ave • PO Box 1099  
Yankton, SD 57078

August 5th, 2002

Florida Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl. 32314

400006970334--2  
-08/08/02--01026--002  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Re: Northern Plains Insurance Company, Inc.

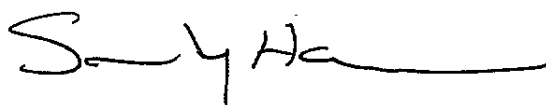
Northern Plains Insurance Company is applying for a "Foreign Corporation for Authorization to Transact Business in Florida". I have enclosed the Transmittal Letter, Application, check for \$87.50 and Certificate of Fact from the State of South Dakota. The Secretary of State of South Dakota does not provide Certificate of Existence for Insurance Companies in South Dakota they only provide Certificate of Fact statements.

I am also enclosing a fax copy of the Application with the signature of Thomas Reed who has agreed to be the resident agent for Northern Plains Insurance Company.

If you require additional information, please let me know.

Thank you for your assistance.

Sincerely,



Sandy Hansen  
Northern Plains Insurance Company

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FO2-4258  
TC

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Northern Plains Insurance Company, Inc.  
(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", 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:

Sandra Hansen  
(Name of Person)

Northern Plains Insurance Company  
(Firm/Company)

714 Douglas  
(Address)

Yankton, S.D. 57078  
(City/State and Zip code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sandra Hansen at (605) 260-6742  
(Name of Person) (Area Code & Daytime Telephone Number)

### 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



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

August 9, 2002

SANDY HANSEN  
714 DOUGLAS AVENUE  
YANKTON, SD 57078

SUBJECT: NORTHERN PLAINS INSURANCE COMPANY, INCORPORATED  
Ref. Number: W02000023021

We have received your document for NORTHERN PLAINS INSURANCE COMPANY, INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 102A00047516

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. Northern Plains Insurance Company, Incorporated

(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. South Dakota

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

3. 75-2990076

(FEI number, if applicable)

4. 5-7-2002

(Date of incorporation)

5. Perpetual

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

6. upon qualification

(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. 714 Douglas, Yankton, S.D. 57078

(Principal office address)

P.O. Box 1099, Yankton, S.D. 57078

(Current mailing address)

8. Insurance Company formed for High Risk Personal Auto

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) *work compensation*

\* 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Thomas A. Reed

Office Address: 200 Mainland Ave. #14

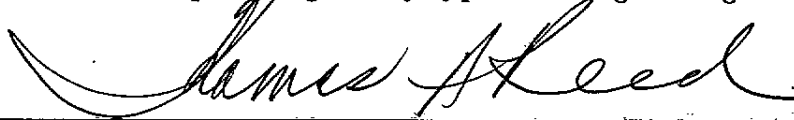
Altamonte Springs, Florida 32701

(City)

(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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TALLAHASSEE  
FLORIDA

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Northern Plains Insurance Company, Inc.  
P.O. Box 1099, Yankton, S.D. 57078

2. The name and address of the registered agent and office is:

Thomas Reed  
200 mat land Ave. #14  
Altamonte Springs, Florida  
(NAME)  
(P.O. BOX NOT ACCEPTIBLE)  
(CITY/STATE/ZIP)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SIGNATURE: S. de Hansen  
(CORPORATE OFFICER)

TITLE: Secretary

DATE: 7-26-02

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: Thomas Reed

DATE: 5 Aug 02

REGISTERED AGENT FILING FEE: \$35.00

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

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Lori Hansen

Address: 903 W. 13th

Yankton, S.D. 57078

Vice President: Dennis Reiner

Address: 1007 April Lane

Yankton, S.D. 57078

Secretary: Sandra Hansen

Address: 903 W. 13, Yankton, S.D. 57078

Treasurer: Sandra Hansen

Address: 903 W. 13th, Yankton, S.D. 57078

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

13. Sandra Hansen

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

14. Sandra Hansen

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

# State of South Dakota



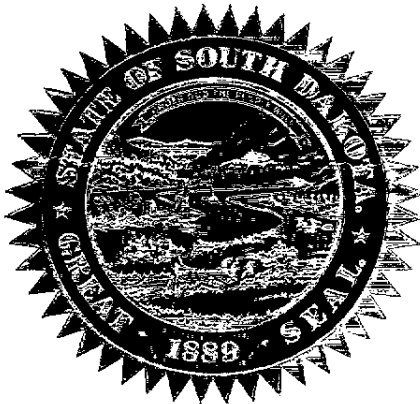
## OFFICE OF THE SECRETARY OF STATE

### Certificate of Fact

ORGANIZATIONAL ID #: IN000131

I, **JOYCE HAZELTINE**, Secretary of State of the State of South Dakota, do hereby certify that **NORTHERN PLAINS INSURANCE COMPANY, INC.** was filed with our office on **May 7, 2002** and is still on the active list and has not filed for dissolution with our office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this August 2, 2002.



A handwritten signature in cursive script that reads "Joyce Hazeltine".

Joyce Hazeltine  
Secretary of State