

F03000003029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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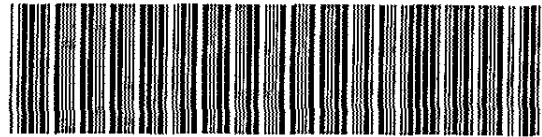
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Acknowledgement

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03 JUN 13 AM 8:30

CLERK OF THE
COURT
FLORIDA

See sign.
Cert.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sentry Casualty Company

(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:

Shelley McEachen

(Name of Person)

Sentry Insurance a Mutual Company

(Firm/Company)

1800 North Point Drive

(Address)

Stevens Point, WI 54481

(City/State and Zip code)

For further information concerning this matter, please call:

Shelley McEachen

(Name of Person)

at (715) 346-7982

(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

FILED
03 JUN 13 AM 9:30
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

Sentry Insurance a Mutual Company
P.O. Box 8020
Stevens Point, WI 54481

715 346-6000
715 346-7516 Fax



June 10, 2003

Florida Department of State
Division of Corporations
Attention: Diane Cushing
Corporate Specialist
PO Box 6327
Tallahassee, FL 32314

Ref. Number: W030000011615

Dear Ms. Cushing:

Pursuant to your April 23, 2003, correspondence, enclosed please find an original signed Application by Foreign Corporation for Authorization to Transact Business in Florida.

As we discussed, the documents previously submitted from the Wisconsin Office of the Commissioner of Insurance are what the Department provides in lieu of a certificate of good standing. Thank you for accepting that documentation in place of a certificate of good standing.

If you have any questions, please contact me directly at 715-346-7982 or shelley.mceachen@sentry.com.

Sincerely,

Shelley McEachen
Paralegal Specialist



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 23, 2003

SHELLEY MCEACHEN
SENTRY INSURANCE, A MUTUAL COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481

SUBJECT: SENTRY CASUALTY COMPANY
Ref. Number: W03000011615

We have received your document for SENTRY CASUALTY COMPANY 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 be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

A certificate of existence or a certificate of good standing, 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 filing of your document, please call (850) 245-6913.

Diane Cushing
Corporate Specialist

Letter Number: 103A00024649

**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. Sentry Casualty 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. Wisconsin

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

3. 39-88-0119246

(FEI number, if applicable)

4. 07/23/73

(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. 1800 North Point Drive, Stevens Point, Wisconsin 54481

(Principal office address)

1800 North Point Drive, Stevens Point, Wisconsin 54481

(Current mailing address)

8. insurance company

(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: Florida Commissioner of Insurance

Office Address: 200 E. Gaines Street

Tallahassee

(City)

Florida 32399

(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.

Per Insurance Department - signature is not required.

(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.

FILED
03 JUN 13 AM 8:30
TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: Dale R. Schuh

Address: 1800 North Point Drive
Stevens Point, WI 54481

Vice Chairman:

Address:

Director: Janet L. Fagan

William M. O'Reilly

Address: 1800 North Point Drive
Stevens Point, WI 54481

1800 North Point Drive
Stevens Point, WI 54481

Director: William J. Lohr

James J. Weishan

Address: 1800 North Point Drive
Stevens Point, WI 54481

1800 North Point Drive
Stevens Point, WI 54481

B. OFFICERS

President: James C. Clawson

Address: 1800 North Point Drive
Stevens Point, WI 54481

Vice President: Janet L. Fagan

Address: 1800 North Point Drive
Stevens Point WI 54481

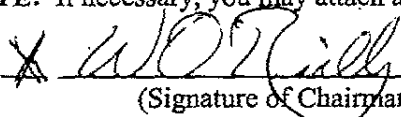
Secretary: William M. O'Reilly

Address: 1800 North Point Drive, Stevens Point, WI 54481

Treasurer: William J. Lohr

Address: 1800 North Point Drive, Stevens Point, WI 54481

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. William M. O'Reilly, Secretary

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

FILED
08 JUN 13 AM 8:30
TALLAHASSEE, FLORIDA



State of Wisconsin
Office of the Commissioner of Insurance
P O Box 7873
Madison, Wisconsin 53703-7873

Certification of the Authenticity of Copy of Document on File

The Commissioner of Insurance of the State of Wisconsin certifies that the attached copy of

CERTIFICATE OF AUTHORITY

For SENTRY CASUALTY COMPANY

is a true and correct copy of the original now on file with the Office of the Commissioner of Insurance.

Dated at Madison, Wisconsin, this 8th day of April, 2003.

A handwritten signature in black ink, appearing to read "Jorge Gomez".

Jorge Gomez
Commissioner of Insurance

FILED
03 JUN 13 AM 9:30
Madison, WI



Certificate of Authority State of Wisconsin

Office of the Commissioner of Insurance
P.O. Box 7873
Madison, Wisconsin 53707-7873

Certificate No. 12376
Date Issued: 01/01/2001
License Chapter: 611 Wis. Stat.

This Is To Certify, *That pursuant to the Insurance Laws of the state of Wisconsin,*
Sentry Casualty Company
Wisconsin

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

2A	Fire, inland marine, and other property insurance
2D	Liability and incidental medical expense insurance
2E	Automobile and aircraft insurance
2F	Fidelity insurance
2G	Surety 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.

Connie O'Connell

Commissioner of Insurance