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(Address)

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# TRANSMITTAL LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** **Country Preferred Insurance 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:

**Jani Neuhalfen Hall**
(Name of Person)

**Office of the General Counsel**
(Firm/Company)

**1701 N. Towanda Avenue**
(Address)

**Bloomington, IL 61701**
(City/State and Zip code)

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For further information concerning this matter, please call:

**Jani Neuhalfen Hall** at (**309**) **557-2075**
(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

## 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. **Country Preferred Insurance Company**
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Illinois**
(State or country under the law of which it is incorporated)

3. **44-0652707**
(FEI number, if applicable)

4. **05/19/1953**
(Date of incorporation)

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

6. **N/A not currently doing business in Florida**
(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. **1701 N. Towanda Avenue, Bloomington, IL 61701**
(Principal office address)

**P.O. Box 2100, Bloomington, IL 61702-2100**
(Current mailing address)

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8. **Sale of property casualty insurance**
(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: **CT Corporation Systems**

Office Address: **1200 S. Pine, Island Road**

**Plantation**, Florida **33324**
(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.***

Irene M. Fast
Assistant Secretary

(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.

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

A. DIRECTORS

Chairman: **See Attached**

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

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B. OFFICERS

President: **See Attached**

Address: _____

_____

Vice President: _____

Address: _____

_____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____
(Signature of Director or Officer listed in number 12 of the application)

14. **David A. Magers, Senior Vice President and Chief Financial Officer**
(Typed or printed name and capacity of person signing application)

## Country Preferred Insurance Company Officers

The business address for all officers is: 1701 N. Towanda Avenue, Bloomington, IL 61701

| NAME | TITLE |
|---|---|
| Philip T. Nelson | President |
| Richard L. Guebert, Jr. | Vice President |
| John D. Blackburn | Chief Executive Officer |
| Barbara A. Baurer | Executive Vice President and Chief Operating Officer |
| David A. Magers | Senior Vice President and Chief Financial Officer |
| Deanna L. Frautschi | Senior Vice President Communications and Human Resources |
| Doyle J. Williams | Senior Vice President Marketing |
| Shelly S. Prehoda | Vice President Information Technology |
| Alan T. Reiss | Vice President Information Systems |
| Joseph E. Painter | Vice President Customer Service Operations |
| William J. Hanfland | Vice President-Finance and Treasurer |
| Paul M. Harmon | General Counsel and Secretary |
| Peter J. Borowski | Vice President and Corporate Controller |

## Country Preferred Insurance Company Directors

The business address for all directors is: 1701 N. Towanda Avenue, Bloomington, IL 61701



| NAME | TITLE |
|---|---|
| Philip T. Nelson | President |
| Richard L. Guebert, Jr. | Vice President |
| Michael J. Kenyon | Director |
| Robert L. Phelps | Director |
| James R. Holstine | Director |
| James D. Schielein | Director |
| James P. Schillinger | Director |
| William H. Olthoff | Director |
| Gerald D. Thompson | Director |
| Randal K. Schleich | Director |
| Terry A. Pope | Director |
| Andrew L. Goleman | Director |
| Paul E. Shuman | Director |
| David A. Downs | Director |
| Richard D. Ochs | Director |
| Dale W. Wachtel | Director |
| Henry J. Kallal | Director |
| Glenn R. Meyer | Director |
| J.C. Pool | Director |
| Robert E. Thurston | Director |

# STATE OF ILLINOIS

## DEPARTMENT OF INSURANCE

*WHEREAS,* the **Country Preferred Insurance Company** located at **Bloomington** in the State of **Illinois** was incorporated pursuant to the provisions of the **"Illinois Insurance Code"** applicable to said Company:

*NOW, THEREFORE,* I the undersigned, Director of Insurance of the State of Illinois, do hereby certify the said Company is authorized to transact its appropriate business as set forth under Clause(s)

**(a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k) of Class 2**
**(a), (b), (c), (d), (e), (f), (g), (h) of Class 3**

of Section 4 of the ***"Illinois Insurance Code"*** in this State, in accordance with the laws thereof.

DEPARTMENT OF INSURANCE
STATE OF ILLINOIS

*IN TESTIMONY WHEREOF,* I hereto set my hand and cause to be affixed the Seal of my office.

Done at the City of Springfield, this 18th day of December, 2003.

J. Anthony Clark
Director

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