

F 0500000 4128

(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



800057310498

07/14/05--01017--001 \*\*87.50

FILED  
2005 JUL 14 PM 1:51  
OFFICE OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN JUL 19 2005

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SU 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:

Thomas J. Nichols, Esq.  
(Name of Person)

Meissner Tierney Fisher & Nichols S.C.  
(Firm/Company)

111 E. Kilbourn Ave., 19th Floor  
(Address)

Milwaukee, WI 53202-6622  
(City/State and Zip code)

2005 JUL 14 PM 1:51  
FILED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Thomas J. Nichols at ( 414 ) 273-1300  
(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. SU 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. Wisconsin 3. 20-2458481
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 7, 2005 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9667 S. 20th Street, Oak Creek, WI 53154
(Principal office address)

9667 S. 20th Street, Oak Creek, WI 53154
(Current mailing address)

8. Issuance of 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 NOT acceptable)

Name: CT Corporation

Office Address: 1800 South 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.

[Handwritten signature of Beverly Stuewe]
(Registered agent's signature)

Beverly Stuewe
Assistant Secretary

2005 JUL 14 PM 1:51
FILED
DEPARTMENT OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: \_\_\_\_\_

FILED  
2005 JUL 14 PM 1:51  
JAMES H. HASSE, FLORIDA

**B. OFFICERS**

President: Michael H. Polaski

Address: 9667 S. 20th Street

Oak Creek, WI 53154

Vice President: Michael J. Polaski

Address: 9667 S. 20th Street

Oak Creek, WI 53154

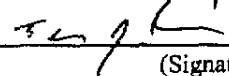
Secretary: Mary B. Purpero

Address: 9667 S. 20th Street, Oak Creek, WI 53154

Treasurer: Michael H. Polaski

Address: 9667 S. 20th Street, Oak Creek, WI 53154

**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. Thomas J. Nichols, Director  
(Typed or printed name and capacity of person signing application)

**DIRECTORS**

Michael H. Polaski  
9667 S. 20<sup>th</sup> Street  
Oak Creek, WI 53154

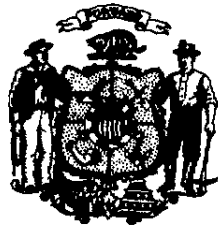
Michael J. Polaski  
9667 S. 20<sup>th</sup> Street  
Oak Creek, WI 53154

Michael P. Friend  
9667 S. 20<sup>th</sup> Street  
Oak Creek, WI 53154

Sarah M. McLean  
9667 S. 20<sup>th</sup> Street  
Oak Creek, WI 53154

Thomas J. Nichols  
9667 S. 20<sup>th</sup> Street  
Oak Creek, WI 53154

FILED  
2005 JUL 14 PM 1:51  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



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

FILED  
2005 JUL 14 PM 1:51  
JULIUS CORPORATION'S  
TALLAHASSEE, FLORIDA

### 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 SU Insurance 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 1st day of July, 2005.

A handwritten signature in black ink, appearing to read "Jane B.", written in a cursive style.

Commissioner of Insurance

***Certificate of Authority  
State of Wisconsin***

Office of the Commissioner of Insurance

Certificate No.: 18588  
Date Issued: 04/26/2005  
License Chapter: 611 Wis. Stat.

This is To Certify, That pursuant to the Insurance Laws of the state of Wisconsin,  
***SU Insurance Company***

***Wisconsin***

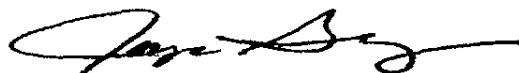
Has paid the fees and taxes required by law and that it is hereby authorized to transact the business of:

- 2A Fire, inland marine, and other property insurance
- 2N Miscellaneous

FILED  
2005 JUL 14 PM 1:51  
JAMES H. BRYAN, REGISTRAR  
TALLAHASSEE, FLORIDA

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