

F06000001979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

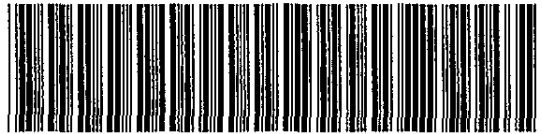
(Document Number)

Certified Copies _____ Certificates of Status _____

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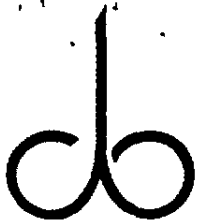


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR 3 29-06



Central Licensing Bureau, Inc.

1501 NORTH UNIVERSITY
SUITE 550
LITTLE ROCK, ARKANSAS 72207-5271
www.centrallicensingbureau.com
(501) 664-8044
FAX - (501) 664-6182

GENA BRADSHAW, FLMI
Chief Executive Officer

W.H.L. WOODYARD IV
Chief Operating/Financial Officer

March 17, 2006

Florida Dept. of State
Division of Corporations
2661 Executive Center Cr. W
Tallahassee, FL 32301

Dear Sir/Madam:

Enclosed, please find the necessary documents to qualify **Arthur A. Hirman Agency, Inc.** to do business in your state.

I trust this letter and the enclosed documents place them in compliance with your state Statutes. However, if any further action is required, please do not hesitate to contact me.

Thank you for your consideration of this filing.

Sincerely,

Lauri Stone
Corporate Qualification Division

/ls

Enclosures

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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. Arthur A. Hirman Agency, Inc.
(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. Minnesota 3. 41-0824922
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/31/1958 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 4001 West River Pkwy., Rochester, MN 55903
(Principal office address)

P.O. Box 6887 Rochester, MN 55903-6887
(Current mailing address)

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8. The business of insurance, functioning as an insurance agency.
(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: C T Corporation System

Office Address: 1200 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.

C T Corporation System

By: See Attached
(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 SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: ~~Paul Horgen~~

Address: ~~4001 West River Pkwy.~~

~~Rochester, MN 55903~~

Director: ~~Paul Mackin~~

Address: ~~4001 West River Pkwy.~~

~~Rochester, MN 55903~~

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TALLAHASSEE, FLORIDA

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B. OFFICERS SEE ATTACHMENT

President: Mike Snyder

Address: 4001 West River Pkwy.

Rochester, MN 55903

Vice President: ~~Todd Greguson~~

Address: ~~4001 West River Pkwy.~~

~~Rochester, MN 55903~~

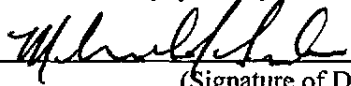
Secretary: _____

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. Mike Snyder, President
(Typed or printed name and capacity of person signing application)

Attachment to Florida
Officers & Directors

-
- 1. Full Name: Mike Snyder
 Officer/Director: Officer
 Officer's Title: President
 Business Address: 4001 West River Pkwy.
 City: Rochester
 State: MN
 ZIP Code: 55903

 - 2. Full Name: ~~Todd Greguson~~
 Officer/Director: ~~Officer~~
 Officer's Title: ~~Vice President~~
 Business Address: ~~4001 West River Pkwy.~~
 City: ~~Rochester~~
 State: ~~MN~~
 ZIP Code: ~~55903~~

 - 3. Full Name: Steve Spohn
 Officer/Director: Director
 Director's Title: Other Director
 Business Address: 4001 West River Pkwy.
 City: Rochester
 State: MN
 ZIP Code: 55903

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ACCEPTANCE OF APPOINTMENT

RE: Arthur A. Hirman Agency, Inc.

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: February 2, 2006

C T CORPORATION SYSTEM

By _____



Jonathan L. Miles,
Assistant Secretary

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: ARTHUR A. HIRMAN AGENCY, INC.

Date Formed: 12/31/1958

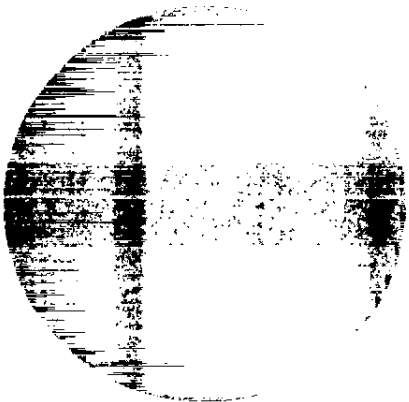
Chapter Governed By: 302A

This certificate has been issued on 02/23/06.

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TALLAHASSEE, FLORIDA



Mary Kiffmeyer
Secretary of State.