

FD60000004194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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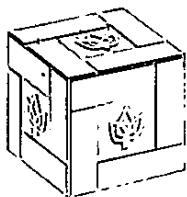


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06 JUN 15 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRP  
6/19



OVER 100 YEARS

## Austin Mutual Insurance Company

Street Address: 10 Second Street NE, SUITE 300, Minneapolis, Minnesota 55413-2282  
Mailing Address: PO Box 401, Minneapolis, Minnesota 55440-0401  
612-378-8600 FAX: 612-378-8696

June 12, 2006

NEW FILING SECTION  
DIVISION OF CORPORATIONS  
CLIFTON BUILDING  
2661 EXECUTIVE CENTER CIRCLE  
TALLAHASSEE FL 32301

RE: Austin Mutual Insurance Company

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:

Terrel Madsen, CPCU, ARe  
Austin Mutual Insurance Company  
PO Box 401  
Minneapolis, MN 55440-0401

Enclosed is a \$78.78 check for the filing fee and Certificate of Status.

Thank you.

Regards,

Terrel Madsen, CPCU, ARe  
VP - Compliance and Product Development

TLM/bdk  
Enclosures

**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. Austin Mutual 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. Minnesota 3. 41-0134100  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 11, 1896 5. N/A  
(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. 10 SBcond Street NE Minneapolis, MN 55413  
(Principal office address)

PO Box 401 Minneapolis, MN 55440-0401  
(Current mailing address)

8. Property & Casualty 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 NOT acceptable)

Name: CT Corporation System

Office Address: 1200 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.*

  
(Registered agent's signature)

**M.C. Summer PaVon**  
**Assistant Secretary**

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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06 JUN 15 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Bruce H. Lonnes

Address: PO Box 401

Minneapolis, MN 55440-0401

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

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

Director: Jeffrey B. Kusch

Address: PO Box 401

Minneapolis, MN 55440-0401

Director: Harry J. Dell

Address: PO Box 401

Minneapolis, MN 55440-0401

**B. OFFICERS**

President: Jeffrey B. Kusch

Address: PO Box 401

Minneapolis, MN 55440-0401

Vice President: Harry J. Dell

Address: PO Box 401

Minneapolis, MN 55440-0401

Secretary: Robert K. Long

Address: PO Box 401 Minneapolis, MN 55440-0401

Treasurer: Harry J. Dell

Address: PO Box 401 Minneapolis, MN 55440-0401

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. Jeffrey B. Kusch, President/CEO

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

## **Addendum**

### **12. A Directors**

Ronald R. Harder  
Jewelers Mutual  
24 Jewelers Park Drive  
Neenah, WI 54956

Jonathan B. Dodge  
Dodge & Fox, PA  
715 Florida Avenue S  
#402  
Golden Valley, MN 55426

Donald M. White  
13209 Zori Lane  
Windermere, FL 34786

### **12. B. Officers**

Terrel L. Madsen, Vice President  
PO Box 401, Minneapolis, MN 55440-0401

Catherine M. Harper, Vice President  
PO Box 401, Minneapolis, MN 55440-0401

Gary A. Franssen, Assistant Vice President  
PO Box 401, Minneapolis, MN 55440-0401

Thomas W. Jansa, Assistant Vice President  
PO Box 401, Minneapolis, MN 55440-0401

William P. Benson, Assistant Vice President  
PO Box 401, Minneapolis, MN 55440-0401

Darla A. Fransen, Assistant Vice President  
PO Box 401, Minneapolis, MN 55440-0401



MINNESOTA  
DEPARTMENT OF  
COMMERCE

85 7th Place East, Suite 500  
St. Paul, Minnesota 55101-2198  
651.296.4026 FAX 651.297.1959 TTY 651.297.3067

## CERTIFICATE OF COMPLIANCE

State of Minnesota Department of Commerce

I, Glenn Wilson, hereby certify that I am the\*

Commissioner of Commerce of the State of Minnesota

and have supervision of insurance business in said State and as such I hereby certify that

AUSTIN MUTUAL INSURANCE COMPANY

domiciled in the State of MINNESOTA is authorized to transact the business of:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> 1 Fire                          | <input checked="" type="checkbox"/> 9c Personal Property Floater for Casualty Companies |
| <input checked="" type="checkbox"/> 2a Inland Marine & Ocean Marine | <input checked="" type="checkbox"/> 9d Water Damage                                     |
| <input checked="" type="checkbox"/> 2b Personal Property Floater    | <input checked="" type="checkbox"/> 10 Livestock  |
| <input checked="" type="checkbox"/> 3 Boiler & Machinery            | <input checked="" type="checkbox"/> 11 Credit   |
| <input checked="" type="checkbox"/> 6 Fidelity & Surety             | <input checked="" type="checkbox"/> 12 Automobile                                       |
| <input checked="" type="checkbox"/> 8 Glass                         | <input checked="" type="checkbox"/> 13 General Liability                                |
| <input checked="" type="checkbox"/> 9a Burglary & Theft             | <input checked="" type="checkbox"/> 14 Elevator   |
| <input checked="" type="checkbox"/> 9b Security & Drafts            | <input checked="" type="checkbox"/> Under Section 66A.22 to 66A.31                      |

as specified in Minnesota Statutes, Section 60A.06, Subdivision 1, in this state in accordance with the laws thereof,  
until the first day of June, 2006.

IN TESTIMONY WHEREOF, I have hereunto set my hand at St. Paul, Minnesota

on this 17th day of March, 2006.

GLENN WILSON



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06 JUN 15 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\* Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.