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(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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06 SEP 15 AM 11:26
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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

9/19/06



a Wolters Kluwer business

CT
1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
850 222 7615 fax
www.ctlegalsolutions.com

September 15, 2006

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6733232 SO
Customer Reference 1: None Given
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Hausmann-Johnson Insurance, Inc. (WI)
Qualification WI Certified Copy
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

**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. Hausmann-Johnson Insurance, 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. Wisconsin 3. 39-1090217
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/31/ 1967 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. Hausmann-Johnson Insurance, Inc., 700 Regent St., Madison, WI 53715
(Principal office address)

Hausmann-Johnson Insurance, Inc., PO Box 259408, Madison, WI 53725-9408
(Current mailing address)

8. 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: 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.

By: _____

C T Corporation System

(Registered agent's signature)

Kristi Heiberger, 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.

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

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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: **Timothy Hausmann**

Address: Hausmann-Johnson Insurance, Inc.
700 Regent Street, Madison, WI 53715

Vice Chairman: **Steven L. Squires**

Address: Hausmann-Johnson Insurance, Inc.
700 Regent Street, Madison, WI 53715

Director: **Jeffrey P. Hausmann**

Address: Hausmann-Johnson Insurance, Inc.
700 Regent Street, Madison, WI 53715

Director: **Fritz J. Hausmann**

Address: Hausmann-Johnson Insurance, Inc.
700 Regent Street, Madison, WI 53715

B. OFFICERS

President: **Timothy Hausmann**

Address: 700 Regent Street, Madison, WI 53715

Vice President: **Steven L. Squires**

Address: 700 Regent Street, Madison, WI 53715

Secretary: **Fritz J. Hausmann**

Address: 700 Regent Street, Madison, WI 53715

Treasurer: **Sandra Hasz**

Address: 700 Regent Street, Madison, WI 53715

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.

Steven L. Squires, Executive Vice-President

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

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TALLAHASSEE, FLORIDA

Hausmann Johnson

I N S U R A N C E

Advanced Insurance Products and Management Solutions

Business
Bonds
Benefits
Life
Disability
Health
Long-Term Care
Home
Auto
Loss Control

OFFICERS AND DIRECTORS

Timothy S. Hausmann

Board of Directors: Yes
Officer: President
% of Stock: 26.414
Address: 700 Regent St.
Madison, WI 53715

Steven L. Squires

Board of Directors: Yes
Officer: Vice President
% of Stock: 26.415
Address: 700 Regent St.
Madison, WI 53715

Fritz J. Hausmann

Board of Directors: Yes
Officer: Secretary
% of Stock: 11.074
Address: 700 Regent St.
Madison, WI 53715

Sandy Hasz

Board of Directors: Yes
Officer: Treasurer
% of Stock: 0.0659
Address: 700 Regent St.
Madison, WI 53715

Jeffrey P. Hausmann

Board of Directors: Yes
Officer: n/a
% of Stock: 21.419
Address: 700 Regent St.
Madison, WI 53715

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

HAUSMANN-JOHNSON INSURANCE, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is October 31, 1967.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set
my hand and affixed the official seal of the
Department on September 14, 2006.



A handwritten signature in black ink, appearing to be "Ray Allen".

RAY ALLEN, Deputy Administrator
Division Of Corporate & Consumer Services
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfl.org/apps/ccs/verify/>

Enter this code: **30536-9B5B357D**

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TALLAHASSEE, FLORIDA