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| Special Instructions to F    | -iling Oπicer:    |           |
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# FILED 07 FEB - 5 AM 4: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Certified Copy

#### **COVER LETTER**

|          |   | TALLAHASSE OF STATE  |
|----------|---|--|
| TO:      | New Filing Section  | TÄLLAHASSEE, FLORIDA   |
|          | Division of Corporations  |  |
| SUBJE    | ECT: SFM Mutual Insurance   | ce Company   |
|          | (Name of c  | corporation - must include suffix)   |
| Dear Si  | r or Madam:   |  |
| "Certifi |   | ation for Authorization to Transact Business in Florida," nitted to register the above referenced foreign corporation to |
| Please r | return all correspondence concerning th   | nis matter to the following:   |
| Terre    | ence L. Miller, VP and Trea   | asurer   |
|          |   | (Name of Person)   |
| SFM      | Mutual Insurance Compa  | ny   |
|          |   | (Firm/Company)   |
| 3500     | American Blvd. West, Sui  | ite 700  |
|          |   | (Address)  |
| Bloor    | mington, Minnesota 5543   | 31   |
|          | (C  | ity/State and Zip code)  |
| For furt | her information concerning this matter  | ; please call:   |
| Linda    | M. Boys at (  | 952 3838-4280  |
|          | (Name of Person)  | (Area Code & Daytime Telephone Number)   |
|          |   |  |
|          | STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314                         |
| Enclose  | ed is a check for the following amount:   |  |
| \$70.0   | 00 Filing Fee \$78.75 Filing Fee<br>Certificate of Sta  |  |

#### 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.

| SHM MUU                              | ual Insurance Company   |
|--------------------------------------|---|
| (Enter name of c                     | corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"   |
|                                      | ASSET<br>ASSET  |
| (If name unavail                     | lable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  |
| Minnesota                            | a   |
| (State or country                    | under the law of which it is incorporated) (FEI number, if applicable)  |
| 11/1/83                              | <sub>5.</sub> Perpetual   |
| (Date                                | c of incorporation) (Duration: Year corp. will cease to exist or "perpetual")   |
| n/a                                  | •   |
|                                      | (Date first transacted business in Florida, if prior to registration)   |
|                                      |   |
| 0500 4                               | (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  |
| 3500 Ame                             | erican Blvd. West, Suite 700, Bloomington, MN 55431   |
|                                      | erican Blvd. West, Suite 700, Bloomington, MN 55431 (Principal office address)  |
|                                      | rican Blvd. West, Suite 700, Bloomington, MN 55431  |
|                                      | erican Blvd. West, Suite 700, Bloomington, MN 55431 (Principal office address)  |
| 3500 Ame                             | (Principal office address) erican Blvd. West, Suite 700, Bloomington, MN 55431 (Principal office address) erican Blvd. West, Suie 700, Bloomington, MN 55431 (Current mailing address) compensation insurance carrier   |
| 3500 Ame                             | (Principal office address) erican Blvd. West, Suite 700, Bloomington, MN 55431 (Current mailing address)  |
| 3500 Ame Workers' (Purpose(          | (Principal office address) erican Blvd. West, Suite 700, Bloomington, MN 55431 (Principal office address) erican Blvd. West, Suie 700, Bloomington, MN 55431 (Current mailing address) compensation insurance carrier   |
| 3500 Ame Workers' (Purpose(          | (Principal office address) erican Blvd. West, Suite 700, Bloomington, MN 55431 (Current mailing address)  compensation insurance carrier s) of corporation authorized in home state or country to be carried out in state of Florida)   |
| Workers' (Purpose(s) Name and street | (Principal office address) erican Blvd. West, Suite 700, Bloomington, MN 55431 (Current mailing address)  compensation insurance carrier s) of corporation authorized in home state or country to be carried out in state of Florida) et address of Florida registered agent: (P.O. Box NOT acceptable)                           |
| Workers' (Purpose) Name and street   | (Principal office address)  erican Blvd. West, Suie 700, Bloomington, MN 55431  (Current mailing address)  compensation insurance carrier s) of corporation authorized in home state or country to be carried out in state of Florida)  et address of Florida registered agent: (P.O. Box NOT acceptable)  C T Corporation System |

#### 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.

Michele Miller
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.

| FILED                                       |  |
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| 07 FEB -5 AM 4: 15                          |  |
| SECRETION OF                                |  |
| SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA  |  |
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| sting additional officers and/or directors. |  |
| r 12 of the application)                    |  |
| r 12 of the application)  IFOR              |  |
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(Typed or printed name and capacity of person signing application)

### Application by Foreign Corporation for Authorization to Transact Business in Florida- Addendum Question #12 of Application

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12A. Directors

| 12A. Directors      |             |  |
|---------------------|-------------|--|
| Name                | Position    | Business Address SECRETARY OF STALLAHASSEE, FLOR   |
| Truman L. Jeffers   | Chairperson | 2178 Lakebrook Drive, New Brighton, MN 55112 FLOR  |
| Eugene R. Merriam   | Vice Chair  | 12176 Bluebird Circle, Coon Rapids, MN 55448   |
| Charles E. Clysdale | Director    | Maguire Agency, 1935 W. County Rd B2, #241, Roseville, MN 55113                              |
| David B Gruenes     | Director    | Stearns Electric Coop, 7341 Old Highway 52, St. Cloud, MN 56303                              |
| F. Clayton Tyler    | Director    | F. Clayton Tyler P.A., 230 Tri Tech Office Center, 331 Second Ave. S., Minneapolis, MN 55401 |
| James W. Benike     | Director    | Alvin E. Benike, Inc., 2960 Highway 14W, Rochester, MN 55901                                 |
| Patricia R. Johnson | Director    | SFM Mutual Insurance Company, 3500 American<br>Blvd. W., Suite 700, Bloomington, MN 55431    |
| Robert S. Mars      | Director    | WP and RS Mars, 215 E 78th Street, Bloomington, MN 55420                                     |
| Tamara G. Garcia    | Director    | Tamara G. Garcia, 7269 Howard Lane, Eden Prairie, MN 55346                                   |

#### 12B. Officers

| Name/Position  | Business Address   |
|--|--|
| Truman L. Jeffers, Chairman  | 2178 Lakebrook Drive, New Brighton, MN 55112   |
| Eugene R. Merriam, Vice Chair  | 12176 Bluebird Circle, Coon Rapids, MN 55448   |
| Patricia R. Johnson, President and CEO                                 | SFM Mutual Insurance Company, 3500 American Blvd. W., Suite 700, Bloomington, MN 55431 |
| Andrew W. Lynn, VP & Chief Defense Counsel                             | SFM Mutual Insurance Company, 3500 American Blvd. W., Suite 700, Bloomington, MN 55431 |
| David E. Kaiser, VP Strategic Planning & CIO                           | SFM Mutual Insurance Company, 3500 American Blvd. W., Suite 700, Bloomington, MN 55431 |
| Frances M. Kaitala, VP Strategic Business<br>Operations                | SFM Mutual Insurance Company, 3500 American Blvd. W., Suite 700, Bloomington, MN 55431 |
| Margaret L. Kasting, VP Claims   | SFM Mutual Insurance Company, 3500 American Blvd. W., Suite 700, Bloomington, MN 55431 |
| Michael J. Happe, VP Business Development & Marketing                  | SFM Mutual Insurance Company, 3500 American Blvd. W., Suite 700, Bloomington, MN 55431 |
| Mark A. Ladwig, AVP, Communications                                    | SFM Mutual Insurance Company, 3500 American Blvd. W., Suite 700, Bloomington, MN 55431 |
| Paul J. Fuhrman, AVP & Controller                                      | SFM Mutual Insurance Company, 3500 American Blvd. W., Suite 700, Bloomington, MN 55431 |
| Robert T. Lund, VP Business Services,<br>Secretary and General Counsel | SFM Mutual Insurance Company, 3500 American Blvd. W., Suite 700, Bloomington, MN 55431 |
| Terrence L. Miller, VP and Treasurer                                   | SFM Mutual Insurance Company, 3500 American Blvd. W., Suite 700, Bloomington, MN 55431 |

## state of Minnesota

#### **SECRETARY OF STATE**

Certificate of Good Standing

I, Mark Ritchie, 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: SFM Mutual Insurance Company

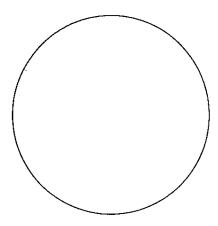
Date Formed: 11/08/1983

Chapter Governed By: 302A

This certificate has been issued on 01/26/07.

OT FEB -5 AN 4: 15 SECTIONALY OF STATE SECTIONALY OF STATE

HE



Mark Ritchie Secretary of State.