

F10000003827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

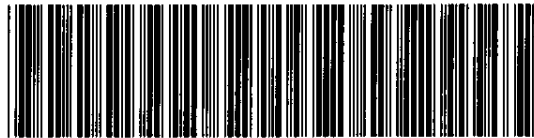
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RN/KB

Office Use Only

Corporation has existed since 1885 in its domicile state of Wisconsin. The Corporation name does not include a "suffix" in Wisconsin and cannot be required to add a suffix to the name in Florida.
10/2/10



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Reinhart Boerner Van Deuren s.c.
P.O. Box 2018
Madison, WI 53701-2018

22 East Mifflin Street
Suite 600
Madison, WI 53703

Telephone: 608-229-2200
Facsimile: 608-229-2100
Toll Free: 800-728-6239
reinhartlaw.com

August 23, 2010

Todd W. Martin, Esq.
Direct Dial: 608-229-2244
tmartin@reinhartlaw.com

DELIVERED BY COURIER

Ms. Karen Beyer
Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Ms. Beyer:

Re: Catholic Financial Life

Following up on our telephone conversation last week regarding the Florida registration of Catholic Financial Life, a Wisconsin fraternal benefit society, and the ability of same to register with the Division of Corporations without the use of a corporate abbreviation. You indicated that I should forward the enclosed Application for Authorization to you directly. Along with the Application, is an original certified copy of the Certificate of Authority issued by the Wisconsin Commissioner of Insurance, and the applicable filing fee. Please contact me if you need any further information or documentation to process this Application.

Thank you for your assistance in this matter.

Yours very truly,

A handwritten signature in black ink, appearing to read "Todd W. Martin", with a stylized flourish extending from the end.

Todd W. Martin

REINHART\4147816ASC:ASC

Encs.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Catholic Financial Life
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Todd W. Martin, Esq.
Name of Person

Reinhart Boerner Van Deuren s.c.
Firm/Company

22 E. Mifflin Street, Suite 600

P.O. Box 2018
Address

Madison, WI 53701-2018
City/State and Zip Code

tmartin@reinhartlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy S. Carril at (608) 229-2263
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Catholic Financial Life
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Wisconsin
(State or country under the law of which it is incorporated)
3. 39-0201015
(FEI number, if applicable)
4. January 21, 1885
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 1100 West Wells Street, Milwaukee, WI 53205
(Principal office address)
P.O. Box 05900, Milwaukee, WI 53205-0900
(Current mailing address)
8. Financial Security and Fraternal Benefits for Catholics.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: CT Corporation
Office Address: 1200 S. 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)
Kristine 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.

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

A. DIRECTORS

Chairman: See attached listing of Directors

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached listing of Officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____

Allan G. Lorge, Secretary

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

ATTACHMENT TO FLORIDA APPLICATION
FOR REGISTRATION OF CATHOLIC FINANCIAL LIFE

Directors

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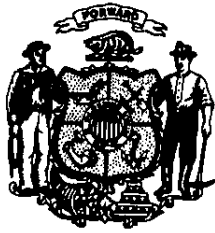
A. Raymond Auclair	Catholic Financial Life, P.O. Box 05900, Milwaukee, WI 53205-0900
Mary Baker	Catholic Financial Life, P.O. Box 05900, Milwaukee, WI 53205-0900
Mary Bowser	Catholic Financial Life, P.O. Box 05900, Milwaukee, WI 53205-0900
Carla C. Breunig	Catholic Financial Life, P.O. Box 05900, Milwaukee, WI 53205-0900
Bob Dippold	Catholic Financial Life, P.O. Box 05900, Milwaukee, WI 53205-0900
William C. Dreyer SRA	Catholic Financial Life, P.O. Box 05900, Milwaukee, WI 53205-0900
William Hegeman	Catholic Financial Life, P.O. Box 05900, Milwaukee, WI 53205-0900
Mildred M. Jandrin	Catholic Financial Life, P.O. Box 05900, Milwaukee, WI 53205-0900
Phyllis John	Catholic Financial Life, P.O. Box 05900, Milwaukee, WI 53205-0900
Dennis Kabat	Catholic Financial Life, P.O. Box 05900, Milwaukee, WI 53205-0900
John Kenawell	Catholic Financial Life, P.O. Box 05900, Milwaukee, WI 53205-0900
Allan G. Lorge	Catholic Financial Life, P.O. Box 05900, Milwaukee, WI 53205-0900
Patrick J. Murphy, Ph.D.	Catholic Financial Life, P.O. Box 05900, Milwaukee, WI 53205-0900
William R. O'Toole	Catholic Financial Life, P.O. Box 05900, Milwaukee, WI 53205-0900

Paul B. Pinsonnault	Catholic Financial Life, P.O. Box 05900, Milwaukee, WI 53205-0900
Charles Rebek	Catholic Financial Life, P.O. Box 05900, Milwaukee, WI 53205-0900
Janet Stelken	Catholic Financial Life, P.O. Box 05900, Milwaukee, WI 53205-0900
Tom Van Himbergen	Catholic Financial Life, P.O. Box 05900, Milwaukee, WI 53205-0900
Art Wigchers	Catholic Financial Life, P.O. Box 05900, Milwaukee, WI 53205-0900

Officers

President	William R. O'Toole	Catholic Financial Life, P.O. Box 05900, Milwaukee, WI 53205-0900
Chief Operating Officer	Daniel T. Lloyd	Catholic Financial Life, P.O. Box 05900, Milwaukee, WI 53205-0900
Vice President	Joseph E. Gadbois, Sr.	Catholic Financial Life, P.O. Box 05900, Milwaukee, WI 53205-0900
Secretary/Treasurer	Allan G. Lorge	Catholic Financial Life, P.O. Box 05900, Milwaukee, WI 53205-0900

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

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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 Catholic Financial Life

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 29th day of July, 2010.

A handwritten signature in black ink, appearing to be "A. J. B.", written over a horizontal line.

Commissioner of Insurance



Certificate of Authority State of Wisconsin

Office of the Commissioner of Insurance

Certificate No.: 10919
Date Issued: 06/17/10
License Chapter: 614 Wis. Stat.

This is to Certify, That pursuant to the Insurance Laws of the state of Wisconsin,

Catholic Financial Life

Wisconsin

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

Disability Insurance
Life Insurance and Annuities

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.

A handwritten signature in black ink, appearing to be "A. J. B.", written over a horizontal line.

Commissioner of Insurance

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