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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

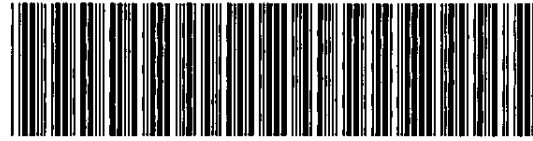
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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J. Shivers NOV 13 2009

W12-42226  
647



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 16, 2012

ERICA YODER  
PO BOX 73909  
CEDAR RAPIDS, IA 52407-3909

SUBJECT: FINANCIAL PACIFIC INSURANCE COMPANY  
Ref. Number: W12000042820

We have received your document for FINANCIAL PACIFIC INSURANCE COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

Letter Number: 512A00021120

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Financial Pacific Insurance Company  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" 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:

Attn: Erica Yoder  
Name of Person

United Fire Group, Inc.  
Firm/Company

P.O. Box 73909  
Address

Cedar Rapids, Iowa 52407-3909  
City/State and Zip code

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

For further information concerning this matter, please call:

Erica Yoder at ( 319 ) 286-2535  
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

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 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. Financial Pacific 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. California 3. 68-0111081  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/22/1986 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. 3880 Atherton Road, Rocklin, CA 95765  
(Principal office address)

3880 Atherton Road, Rocklin, CA 95765  
(Current mailing address)

8. insurance producer  
(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: Chief Financial Officer

Office Address: 200 E. Gaines Street

Tallahassee, Florida 32399-0000  
(City) (Zip code)

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**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)

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**

Chairman: Jack B. Evans

Address: 118 Second Avenue SE  
Cedar Rapids, IA 52401

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

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

Director: Randy A. Ramlo

Address: 118 Second Avenue SE  
Cedar Rapids, IA 52401

Director: Artur A. Terner

Address: 3880 Atherton Road  
Rocklin, CA 95765

**B. OFFICERS**

President: Randy A. Ramlo

Address: 118 Second Avenue SE  
Cedar Rapids, IA 52401

Vice President: Michael T. Wilkins

Address: 118 Second Avenue SE  
Cedar Rapids, IA 52401

Secretary: Neal R. Scharmer

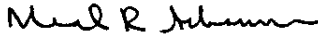
Address: 118 Second Avenue SE, Cedar Rapids, IA 52401

Treasurer: Artur A. Terner

Address: 3880 Atherton Road, Rocklin, CA 95765

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

13. Neal R. Scharmer 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Vice President and Corporate Secretary

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

State of California  
Secretary of State  
CERTIFICATE OF STATUS

ENTITY NAME:

FINANCIAL PACIFIC INSURANCE COMPANY

FILE NUMBER: C1192472  
FORMATION DATE: 07/22/1986  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 25, 2012.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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