

F14000002071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

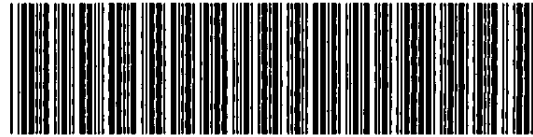
(Document Number)

Certified Copies _____ Certificates of Status _____

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W14-23210

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Midvale Indemnity 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:

Stacy Namio

Name of Person

Midvale Indemnity Company

Firm/Company

6000 American Parkway

Address

Madison, WI 53783

City/State and Zip code

awenzel@amfam.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacy Namio at (608) 242-4100 ext. 31276

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2014

STACY NAMIO
6000 AMERICAN PARKWAY
MADISON, WI 53783

SUBJECT: MIDVALE INDEMNITY COMPANY
Ref. Number: W14000023210

We have received your document for MIDVALE INDEMNITY COMPANY and your check(s) totaling \$87.50. 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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 114A00007869

**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. Midvale Indemnity 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. Illinois

(State or country under the law of which it is incorporated)

3. 36-2705935

(FEI number, if applicable)

4. November 17, 1970

(Date of incorporation)

5. Perpetual

(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. 111 South Wacker Drive, Chicago, Illinois 60606

(Principal office address)

6000 American Parkway, Madison, WI 53783

(Current mailing address)

8. 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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(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.

Corporation Service Company

By: Vincent J. Antell

ASST. SECY.

(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.

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

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DIVISION OF CORPORATIONS

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A. DIRECTORS

Chairman: Jack Salzwedel, Chairman Chief Executive

Address: 6000 American Parkway, Madison, WI 53783

Vice Chairman: N/A

Address:

Director: Thomas Warren Jenkins

Address: 111 South Wacker Drive, Chicago, Illinois 60606

Director: Jon Biasetti

Address: 111 South Wacker Drive, Chicago, Illinois 60606

B. OFFICERS

President: Daniel Schultz, Enterprise President/Chief Operating Officer

Address: 6000 American Parkway, Madison, WI 53783

Vice President: Kari Grasee, Controller Vice President

Address: 6000 American Parkway, Madison, WI 53783

Secretary: David Holman, Chief Strategy Officer/Secretary

Address: 6000 American Parkway, Madison, WI 53783

Treasurer: Daniel Kelly, Chief Financial Officer/Treasurer

Address: 6000 American Parkway, Madison, WI 53783

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

13. 

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. David Clifford Holman

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

Additional Officers and Directors of Midvale Indemnity Company

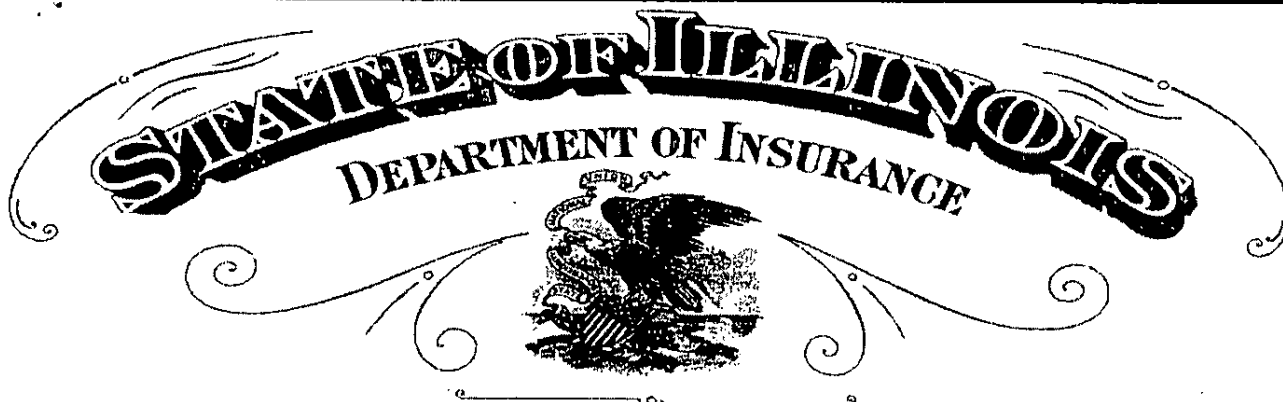
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OFFICERS

Jack Charles Salzwedel, Chairman and C.E.O.
David Alan Graham, Chief Investment Officer
Mark Valdez Afable, Chief Legal Officer
Gerry William Benusa, Chief Sales Officer
Peter Chesley Gunder, Chief Business Development Officer
Mary Lynn Schmoeger, Chief Administration Officer
William Boyd Westrate, Chief Operating Officer
Martin Thomas Chiaro, Assistant Treasurer
Ann Frances Wenzel, Assistant Secretary

DIRECTORS OR TRUSTEES

Peter Chesley Gunder, Chief Business Development Officer
Daniel James Kelly, Chief Financial Officer and Treasurer
David Clifford Holman, Chief Strategy Officer and Secretary
Latunja Yvette Jackson, Sales Director
Daniel Robert Schultz, Enterprise President and Chief Operating Officer



WHEREAS, the Midvale Indemnity Company located at Chicago, in the State of **Illinois** was incorporated pursuant to the provisions of the "**Illinois Insurance Code**" applicable to said Company:

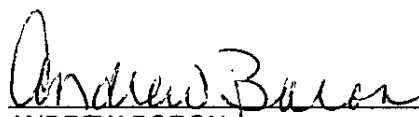
NOW, THEREFORE, I the undersigned, Director of Insurance of the State of Illinois, do hereby certify the said Company is authorized to transact its appropriate business as set forth under Clause(s)

(a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l) of Class 2
(a), (b), (c), (d), (e), (f), (g), (h), (i) of Class 3

of Section 4 of the "**Illinois Insurance Code**" in this State, in accordance with the laws thereof.

DATE: April 2, 2014

DEPARTMENT OF INSURANCE of the State
Illinois;


ANDREW BORON
DIRECTOR OF INSURANCE

2014 APR 10 PM 3:37

SECRETARY OF STATE
DIVISION OF COMMERCE

