

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 OCT 12 AM 8:49

TALLAHASSEE, FLORIDA

DOCUMENT # F14000002071

1. Corporation Name

Midvale Indemnity Company

2. Principal Office Address - No P.O. Box #

111 South Wacker Drive

Suite, Apt. #, etc.

3. Mailing Office Address

6000 American Parkway

Suite, Apt. #, etc.

City & State

Chicago, IL

City & State

Madison, WI

Zip

60606

Country

USA

Zip

53873

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1970

5. FEI Number

36-2705935

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Daniel J. Kelly, Chief Financial Officer

Street Address (P.O. Box Number is Not Acceptable)

200 East Gaines Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32399-0329

400291164524
10/12/16-01006-016 **\$8.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO, Director	Fabian J. Fondriest	6000 American Parkway	Madison, WI 53783
Director	Thomas W. Jenkins	111 S. Wacker Dr.	Chicago, IL 60606
CFO, Director	Daniel J. Kelly	6000 American Parkway	Madison, WI 53783
Secretary, Director	David C. Holman	6000 American Parkway	Madison, WI 53783
Director	Jon Biasetti	111 S. Wacker Dr.	Chicago, IL 60606
Director	Latunja Y. Jackson	6000 American Parkway	Madison, WI 53783

10. E-mail Address: mripp1@amfam.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/2016

608-242-4100

Date

Daytime Phone #

ASHTON