

F14000003140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

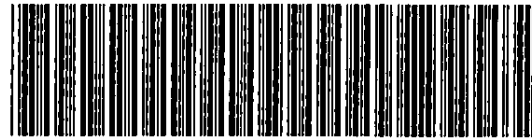
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: American Family Life 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:

Stacy Namio

Name of Person

American Family Life Insurance Company

Firm/Company

6000 American Parkway

Address

Madison, WI 53783

City/State and Zip code

corplicensing@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

6000 American Parkway
Madison, Wisconsin 53783-0001
Phone (608) 242-4100, ext. 31804
e-mail: awenzel@amfam.com



Ann F. Wenzel
Assistant Secretary, Associate General Counsel

July 23, 2014

New Filing Section
Division of Corporations
Attn: Tyrone Scott
2661 Executive Center Circle
Tallahassee, FL 32301

Re: American Family Life Insurance Company
Application by Foreign Corporations for Authorization to
Transact Business in Florida

Dear Mr. Scott

Enclosed please find American Family Life Insurance Company's Application by Foreign Corporations for Authorization to Transact Business in Florida. After receiving your rejection letter I attempted to contact you directly to advise that in the State of Wisconsin insurance companies are not legally required to register at the Secretary of State level, thus why a Certified Certificate of Compliance from the Wisconsin Office of the Commissioner of Insurance was included within the application. I was advised to resubmit the application directly to you for approval, as the information provided was in fact acceptable to process the application.

Please contact Stacy Namio if additional information is needed or if you have any questions at (608) 242-4100 ext. 31276 or corplicensing@amfam.com. Thank you in again for your review of our application.

Sincerely,

Ann F. Wenzel

Ann F. Wenzel
Associate General Counsel; Assistant Secretary
Corporate Governance and Licensing

RECEIVED
DIVISION OF CORPORATIONS
JUL 24 PM 4:31

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. American Family Life 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. Wisconsin

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

3. 39-6040365

(FEI number, if applicable)

4. November 21, 1957

(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. 6000 American Parkway, Madison, WI 53783

(Principal office address)

6000 American Parkway, Madison, WI 53783

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida 32301

(Zip code)

9. 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.

Vincent M. McCall, ASST. SECY.

(Registered agent's signature)

10. 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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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Jack Charles Salzwedel

Address: 6000 American Parkway, Madison, WI 53783

Vice Chairman: Daniel Robert Schultz

Address: 6000 American Family, Madison, WI 53783

Director: William Boyd Westrate

Address: 6000 American Parkway, Madison, WI 53783

Director: Gerry William Benusa

Address: 6000 American Parkway, Madison, WI 53783

B. OFFICERS

President: William Todd Fancher

Address: 6000 American Parkway, Madison, WI 53783

Vice President: Kari Elizabeth Grasee

Address: 6000 American Parkway, Madison, WI 53783

Secretary: David Clifford Holman

Address: 6000 American Parkway, Madison, WI 53783

Treasurer: Daniel James Kelly

Address: 6000 American Parkway, Madison, WI 53783

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

12. 
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.

13. Ann F. Wenzel

Assistant Secretary

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

Additional Officers & Directors for American Family Life Insurance Company

Officers

Jack Charles Salzwedel

Daniel Robert Schultz

David Alan Graham

Peter Chesley Gunder

Mark Valdez Afable

Gerry William Benusa

Mary Lynn Schmoeger

William Boyd Westrate

Martin Thomas Chiaro

Ann Frances Wenzel

Directors

David Clifford Holman

Daniel James Kelly

William Todd Fancher



Certificate of Compliance

State of Wisconsin

Office of the Commissioner of Insurance

As of This Date: **June 2, 2014**

The Commissioner of Insurance of the State of Wisconsin certifies that:

AMERICAN FAMILY LIFE INSURANCE COMPANY

Domicile State: **Wisconsin**

Is authorized to transact the business of:

Disability Insurance, Life Insurance and Annuities, Life Insurance and Annuities, and Variable Life Insurance and Variable Annuities

Therefore, the Office of the Commissioner of Insurance certifies that the company is in compliance with applicable insurance laws of Wisconsin and is in good standing.

A stylized, handwritten signature in black ink.

Commissioner of Insurance