

F14 000003563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

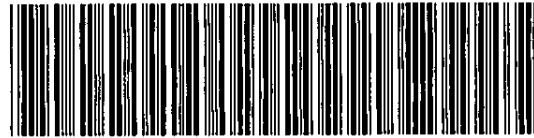
(Document Number)

Certified Copies 1 Certificates of Status 3

Special Instructions to Filing Officer:

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08/22/14--01001--009 \*\*17.50

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2014 AUG 21 PM 2:47  
NOT RECORDED  
13 ACP/011/008  
SUFFICIENCY OF FILING

13 AUG 25 PM 12:11  
DEPT OF STATE  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 22, 2014

STACY NAMIO  
AMERICAN FAMILY MUTUAL INSURANCE COMPANY  
6000 AMERICAN PARKWAY  
MADISON, WI 53783

SUBJECT: AMERICAN FAMILY MUTUAL INSURANCE COMPANY  
Ref. Number: W14000051516

RECEIVED  
DIVISION OF CORPORATIONS  
2014 AUG 25 PM 1:52  
TO: AMERICAN FAMILY  
SUFFICIENCY OF FILING

We have received your document for AMERICAN FAMILY MUTUAL INSURANCE COMPANY and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The page listing additional officers or directors not legible and each need title and address.,

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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 014A00018098

6000 American Parkway  
Madison, Wisconsin 53783-0001  
Phone (608) 242-4100



August 20, 2014

Foley & Lardner LLP  
Attn: Tom Maida  
106 East College Avenue, Suite 900  
Tallahassee, FL 32301

Re: Midvale Indemnity Company  
Secretary of State Application Filing

Dear Mr. Maida:

Enclosed please find a completed Secretary of State Application by Foreign Corporation for Authorization to Transact Business in Florida for our Midvale Indemnity Company filing.

In previous submissions for other company filings we always have the application initially rejected so this time I included at the bottom of page 2 within the application a note advising that Wisconsin does not legally require insurance companies to register at the Secretary of State Level. The official having custody is the State of Wisconsin – Office of the Commissioner of Insurance, thus why we have enclosed a certified Certificate of Authority and Certificate of Compliance from their office, instead of a certificate of good standing from the Wisconsin Secretary of State's Office.

Should you have any questions before delivering this filing please feel free to contact myself or Ann Wenzel. Thank you for your assistance with this filing.

Sincerely,

A handwritten signature in cursive script that reads "Stacy Namio".

Stacy Namio  
Corporate Governance & Licensing  
608-242-4100, ext. 31276

RECEIVED  
DIVISION OF REVENUE  
14 AUG 25 PM 12:11

**COVER LETTER**

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

**SUBJECT:** American Family Mutual 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 Mutual Insurance 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

Name of Person

at 608 242-4100 Ext. 31276

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 607.1303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

**1. American Family Mutual 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. 39-0273710**

(FEI number, if applicable)

**4. May 18, 1927**

(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**

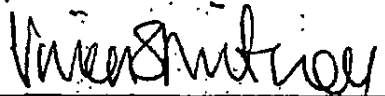
(City)

**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.*

 **VIVIEN S. MITCHELL**

(Registered agent's signature)

**ASST. SECTY.**

**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.**

\*\*\*Please note: Wisconsin does not legally require insurance companies to register at the Secretary of State level. The official having custody is the State of Wisconsin - Office of the Commissioner of Insurance. Thus why we have enclosed a certified Certificate of Authority and Certificate of Compliance from their office. We have addressed this with your office before so please check with your supervisor, as we have been advised two other times this is acceptable. Please do not return the application instead of speaking with a supervisor, as that will delay the process.

14 AUG 25 PM 12:11

DIVISION OF CORPORATE REGISTRATION

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

A. DIRECTORS

Chairman: Jack Charles Salzwedel, Chairman Chief Executive

Address: 6000 American Parkway, Madison, WI 53783

Vice Chairman: Not Applicable

Address:

Director: Daniel Robert Schultz, Enterprise President & Chief Operating Officer

Address: 6000 American Parkway, Madison, WI 53783

Director: \*See Attached Document\*

Address:

B. OFFICERS

President: Daniel Robert Schultz

Address: 6000 American Parkway  
Madison, WI 53783

Vice President: Mark Valdez Afable

\*See attached document for all officers and directors\*

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 § 817.155, F.S.

13. Ann F. Wenzel, Assistant Secretary

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

14 AUG 25 PM 12:11

SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS



**Quarterly Statement**  
**For the Quarter Ended March 31, 2014**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**American Family Mutual Insurance Company**

NAIC Group Code: 0473, (current period) 0473, (prior period) NAIC Company Code: 19275 Employer's ID Number: 39-0273710

Organized under the Laws of Wisconsin, State of Domicile or Port of Entry: Wisconsin, Country of Domicile: U. S.

Incorporated/Organized: May 18, 1927 Commenced Business: October 3, 1927

**STATUTORY HOME OFFICE:**

6000 American Parkway, Madison, Wisconsin 53783-0001

**MAIN ADMINISTRATIVE OFFICE, MAILING ADDRESS AND PRIMARY LOCATION OF BOOKS AND RECORDS:**

6000 American Parkway, Madison, Wisconsin 53783-0001

Telephone: 608-249-2111

Internet Website Address: [www.amfam.com](http://www.amfam.com)

**STATUTORY STATEMENT CONTACT:** Brad A. Krause

Telephone: 608-249-2111, Ext. 30159; Fax: 877-571-4803; E-Mail: [bkrause1@amfam.com](mailto:bkrause1@amfam.com)

**OFFICERS**

Name	Title
Jack Charles Salzwedel	Chairman, C.E.O.
Daniel Robert Schultz	Enterprise President #, C.O.O.
Daniel James Kelly	Chief Financial Officer, Treasurer
David Clifford Holman	Chief Strategy Officer #, Secretary
Mary Lynn Schmoeger	Chief Administrative Officer #
William Boyd Westrate	Chief Operating Officer - American Family #
Kristin Rogers Kirkconnell	Chief Information Officer
Mark Valdez Afable	Chief Legal Officer, Vice President #
Gerry William Bonusa	Chief Sales Officer, Vice President #
Peter Chesley Gunder	Chief Business Development Officer, V.P. #
David Alan Graham	Chief Investment Officer, Vice President
Christopher Robert Listau	Commercial Farm/Ranch, President #
Timothy David Constien	Personal Lines, President #
William Todd Fancher	Life, President #
Ann Frances Wenzel	Assistant Secretary
Martin Thomas Chiaro	Assistant Treasurer
Kari Elizabeth Grasee	Assistant Treasurer #

**DIRECTORS OR TRUSTEES**

David Ralph Anderson	Rakesh Khurana	Walter Maurice Oliver	Daniel Robert Schultz
Londa Jane Dewey	Michael Mark Knetter	Eliot George Protsch	Paul Stuart Shain
Leslie Ann Howard	Robert Scott Mahngren	Jack Charles Salzwedel	Thomas John Zimbrick
Ted Douglas Kellner			

State of Wisconsin  
 County of Dane

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Signature Daniel R. Schultz	Signature David C. Holman	Signature Daniel J. Kelly
Enterprise President, C.O.O.	Chief Strategy Officer, Secretary	Chief Financial Officer, Treasurer

Subscribed and sworn to before me this day of May, 2014

a. Is this an original filing? Yes[X] No | |  
 b. If no:  
 1. State the amendment number \_\_\_\_\_  
 2. Date filed \_\_\_\_\_  
 3. Number of pages attached \_\_\_\_\_

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### **Additional Officers of American Family Mutual Insurance Company**

Jack Charles Salzwedel, Chairman, CEO  
6000 American Parkway, Madison, WI 53783

Mary Lynn Schmoeger, Chief Administrative Officer  
6000 American Parkway, Madison, WI 53783

William Boyd Westrate, Chief Operating Officer  
6000 American Parkway, Madison, WI 53783

Kristin Rogers Kirkconnell, Chief Information Officer  
6000 American Parkway, Madison, WI 53783

Gerry William Benusa, Chief Sales Officer  
6000 American Parkway, Madison, WI 53783

Peter Chesley Gunder, Chief Business Development Officer  
6000 American Parkway, Madison, WI 53783

David Alan Graham, Chief Investment Officer  
6000 American Parkway, Madison, WI 53783

Christopher Robert Listau, Commercial Farm/Ranch President  
6000 American Parkway, Madison, WI 53783

Timothy David Constien, Personal Lines, President  
6000 American Parkway, Madison, WI 53783

William Todd Fancher, Life President  
6000 American Parkway, Madison, WI 53783

Ann Frances Wenzel, Assistant Secretary  
6000 American Parkway, Madison, WI 53783

Martin Thomas Chiaro, Assistant Treasurer  
6000 American Parkway, Madison, WI 53783

Kari Elizabeth Grasee, Assistant Treasurer  
6000 American Parkway, Madison, WI 53783



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**Additional Directors of American Family Mutual Insurance Company**

David Ralph Anderson, 2525 Middleton Beach Road, Middleton, WI 53562

Londa Jane Dewey, 702 E. Washington Avenue, Madison, WI 53703

Leslie Ann Howard, 2059 Atwood Avenue, Madison, WI 53707

Ted Douglas Kellner, 100 East Wisconsin Avenue, Suite 2200, Milwaukee, Wisconsin, 53202-4110

Rakesh Khurana, Harvard University, Business School, Morgan Hall, 329, Boston, MA 02163

Michael Mark Knetter, 1848 University Avenue, Madison, WI 53726

Robert Scott Malmgren, 36750 US 19 North, Palm Harbor, FL 34684 (Home, Retired)

Walter Maurice Oliver, 2941 Fairview Park Drive, Falls Church, VA 22042-4513

Eliot George Protsch, 15547 Monterosso Lane #201, Naples, FL 34110

Paul Stuart Shain, 2601 W. Beltline Hwy., Suite 510, Madison, WI 53713

Thomas John Zimbrick, 1601 W Beltline Hwy., Madison, WI 53713



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

**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 American Family Mutual Insurance Company

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 9th day of May, 2014.

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

Commissioner of Insurance

# Certificate of Authority State of Wisconsin

Office of the Commissioner of Insurance

Madison

Certificate No. 473 19275

Date Issued: January 9, 1980

This Is To Certify, That, pursuant to the Insurance Laws of the State of Wisconsin,

**American Family Mutual Insurance Company**

**Madison, Wisconsin**

**(a nonassessable mutual)**

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

**(2) (a) Fire, Inland Marine and Other Property, (b) Ocean Marine,  
(c) Disability, (d) Liability and Incidental Medical Expense  
(other than Automobile), (e) Automobile and Aircraft, (f) Fidelity,  
(g) Surety, (k) Worker's Compensation, and (n) Miscellaneous  
Insurance**

**(as defined in Wis. Adm. Code section Ins 6.75)**

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.



Commissioner of Insurance



# *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 MUTUAL INSURANCE COMPANY**

Domicile State: **Wisconsin**

Is authorized to transact the business of:

**Aircraft, Automobile Insurance, Disability Insurance, Fidelity, Fire, Inland Marine and Other Property, Liability and Incidental Medical Expense, Miscellaneous, Ocean Marine, Surety, and Worker's Compensation**

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, likely belonging to the Commissioner of Insurance.

Commissioner of Insurance