

F140DDDD3563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

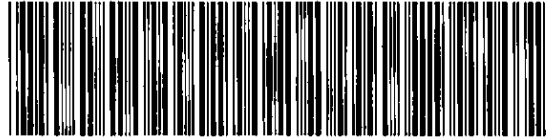
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
17 FEB 20 AM 8:02

FEB 22 2017
C McNAIR

February 17, 2017

Via FedEx

Florida Department of State
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
DIVISION OF CORPORATIONS
17 FEB 20 AM 9:02

Re: American Family Mutual Insurance Company (F14000003563)
– Application For Amendment

Dear Sir/Madam:

Enclosed please find the following materials, which I am submitting on behalf of our client, American Family Mutual Insurance Company, for filing with your Division:

1. Original Cover Letter and Application By Foreign Profit Corporation To File Amendment To Application For Authorization To Transact Business In Florida;
2. Original Certificate of Compliance issued to American Family Mutual Insurance Company, S.I. by the Wisconsin Office of the Commissioner of Insurance; and
3. Our Firm's check in the amount of \$35, which covers the required filing fee.

Please contact me immediately if you have any questions or if additional information is required. Thank you.

Very truly yours,



Carrie L. Parker
Paralegal III

CLPA:sac
Enclosures

COVER LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 FEB 20 - AM 8:02

TO: Amendment Section
Division of Corporations

SUBJECT: American Family Mutual Insurance Company

Name of Corporation

DOCUMENT NUMBER: F14000003563

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carrie L. Parker

Name of Contact Person

Foley & Lardner LLP

Firm/Company

777 E. Wisconsin Avenue

Address

Milwaukee, WI 53202

City/State and Zip Code

cparker@foley.com

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

For further information concerning this matter, please call:

Carrie L. Parker

414 297-5804

at (_____) _____

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

PROFIT CORPORATION

**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

(1-3 MUST BE COMPLETED)

F14000003563

(Document number of corporation (if known))

American Family Mutual Insurance Company

(Name of corporation as it appears on the records of the Department of State)

2. Wisconsin

(Incorporated under laws of)

3 08/25/2014

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? January 1, 2017

5 American Family Mutual Insurance Company, S.I.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Ann Wenzel

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

17 FEB 20 AM 8:02
DIVISION OF INVESTIGATION
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE



Certificate of Compliance

State of Wisconsin

Office of the Commissioner of Insurance

As of This Date: **January 3rd, 2017**

As Commissioner of Insurance of the State of Wisconsin I have supervision of insurance business and as such hereby certify that:

American Family Mutual Insurance Company, S.I.

Domicile State: Wisconsin

Is duly authorized to transact the business of:

Aircraft
Automobile
Disability Insurance
Fidelity Insurance
Fire, Inland Marine and Other Property Insurance
Liability and Incidental Medical Expense Insurance (other than automobile)
Miscellaneous
Ocean Marine Insurance
Surety Insurance
Workers Compensation Insurance

IN TESTIMONY WHEREOF, I have hereunto set my hand.

A stylized, handwritten signature in black ink, likely belonging to the Commissioner of Insurance.

Commissioner of Insurance