T150000000006

AIL

Office Use Only



800272438418

05/05/15--01028--021 **87.50

2015 115.Y - 5 PH W 28

* 5/12 on

Agrinational Insurance Company

76 St. Paul Street, Suite 500 Burlington, VT 05401-4477

Phone: 802-862-4400 Fax: 802-860-0440

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

4 May 2015

VIA FEDERAL EXPRESS

Re: Application by Foreign Corporation for Authorization to Transact Business in Florida for Agrinational Insurance Company

Dear Sir, Madame:

Please find enclosed an Application by Agrinational Insurance Company for Authorization to Transact Business in Florida. Included with the completed Application is an originally certified Certificate of Existence from the Secretary of State for the State of Vermont, a check in the amount of \$87.50 to cover the Filing Fee, Certificate of Status and Certified Copy, and the COVER letter to the Application packet.

Please note that the Certificate of Existence/Certificate of Good Standing is obtained from the State of Vermont by electronic means and payment, and therefor is a printed copy. Enclosed is the receipt for the certificate that indicates the website from which you can verify the certificate in question. In Vermont, a Certificate of Good Standing or Status (also known, in other jurisdictions, as certificates of existence or authorization) is the official, dated document that confirms that a business is compliant with all legal requirements and may be obtained *only* for entities that file annual or biennial reports, e.g. corporations, nonprofits, mutual benefit enterprises (MBE), limited liability companies (LLC/PLC/L3C), and limited liability partnerships (LLP).

If you have any questions or concerns, please do not hesitate to contact me at (802) 264-4584, or at the address below.

Sincerely.

Deborah Gamboné Compliance Manager

Aon insurance Managers as Managers for

Agrinational Insurance Company

COVER LETTER

TO:	New Filing Section Division of Corporations	
SUBJ	_{IECT:} Agrinational I	nsurance Company
		me of corporation - must include suffix
Dear S	Sir or Madam:	
"Certi	nclosed "Application by Foreign ficate of Existence," or "Certific referenced foreign corporation	Corporation for Authorization to Transact Business in Florida," cate of Good Standing" and check are submitted to register the to transact business in Florida.
	return all correspondence conc	erning this matter to the following:
		Name of Person
Aon	Insurance Managers	on behalf of Agrinational Insurance Company
		Firm/Company
76	St. Paul Street, Sui	ite 500
		Address
Bur	lington, VT 05454	
		City/State and Zip code
iam	es.salter@aon.com	·
<u></u>		ress: (to be used for future annual report notification)
For fu	rther information concerning th	is matter, please call:
Del	oorah Gambone	at (802) 264-4584
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDR New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	New Filing Section Division of Corporations P.O. Box 6327

□ \$78.75 Filing Fee &

Certified Copy

■ \$87.50 Filing Fee,

Certified Copy

Certificate of Status &

Enclosed is a check for the following amount:

☐ \$78.75 Filing Fee & Certificate of Status

□ \$70.00 Filing Fee

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.

		ne adopted for the purpose of transacting busin	ness in Flori	ida)
Vermont		_{3.} 36-3544354		
<u></u>	ry under the law of which it is incorporated)	, , , , , , , , , , , , , , , , , , , ,		
September 10, 1987		_{s.} Perpetual		
	e of incorporation)	(Duration: Year corp. will cease to exist of	or "perpetu:	al")
None				
		s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)	12 to	29
76 St. Pa	ul Street, Suite 500, Burlir			18 H S10
	(Principal office ac	· ·	33	1
76 St. Pau	ul Street, Suite 500, Burling	ton, VT 05401	2四	S
	(Current mailing ac	idress)		::
Name and street	et address of Florida registered agent: (P	P.O. Box NOT acceptable)		ų: 28
Name:	CT Corporation System			
fice Address:	1200 South Pine Island Road, S	Suite 250		
	Plantation	, Florida <u>33324</u>		

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.

Angel Nunez
Assistant Secretary

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.

11. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Michael T. Scott •
Address: 4666 Faries Parkway
Decatur, IL 62526
Vice Chairman: Ray G. Young •
Address: 4666 Faries Parkway
Decatur, IL 62526
Director: Vikram Luthar; John P. Stott; Christopher Boerm
Address: 4666 Faries Parkway
Decatur, IL 62526
Director: Peter A. Joy ·
Address: 76 St. Paul Street, Suite 500
Burlington, VT 05401
B. OFFICERS
President: Michael T. Scott
Address: 4666 Faries Parkway
Decatur, IL 62526
Vice President: Peter A. Joy; • Ray G. Young •
Address: 76 St. Paul Street, Suite 500; 4666 Faries Parkway
Burlington, VT 05401; Decatur, IL 62526
Secretary: Peter A. Joy •
Address: 76 St. Paul Street, Suite 500, Burlington, VT 05401
Treasurer: Ray G. Young
Address: 4666 Faries Parkway, Decatur, IL 62526
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. Jetes A for
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.
Peter A. Joy, Vice President and Secretary
(Typed or printed name and capacity of person signing application)

STATE OF VERMONT OFFICE OF SECRETARY OF STATE

Certificate of Existence

I, James C. Condos, Vermont Secretary of State, do hereby certify that according to the records of this office

AGRINATIONAL INSURANCE COMPANY

a Domestic Profit Corporation formed under the laws of the State of VERMONT, was filed for record in this office on Sep 10, 1987.

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

April 30, 2015

Given under my hand and the seal of the State of Vermont, at Montpelier, the State Capital.

TREEDOM LA UNITY AND UNITY

James C. Condos Vermont Secretary of State

Business ID: 0100349

Certificate Number: 2013163687001