

F15000004835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

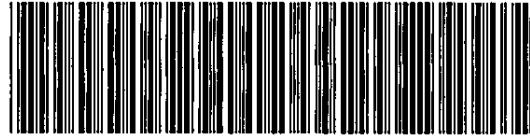
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800278663108

11/02/15--01035--007 **78.75

FILED
15 NOV -2 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV - 3 2015
J SHIVERS



Nancy Warner
Corporate Governance Specialist
Enterprise Services
Phone: 608.665.8662
Fax: 608/236-6671
E-mail: nancy.warner@cunamutual.com

TO: Florida Department of State

DATE: October 30, 2015

SUBJECT: **CUMIS Specialty Insurance Company, Inc.**
(a foreign profit corporation)

Enclosed please find an Application by Foreign Corporation for Authorization to Transact Business in Florida.

If you have any questions about the filing, please contact me at the following address or by telephone or e-mail as set forth in the upper left-hand corner of this letter.

5910 Mineral Point Road
Madison, WI 53705

Enclosed please find a check in the amount of \$78.75 to cover the Filing Fees and Certificate of Status.

An extra copy of the filing is enclosed. I would appreciate receiving a copy of the approved filing along with the Certificate of Status in the enclosed self-addressed, stamped envelope.

Thank you for your time and consideration.

enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CUMIS Specialty Insurance Company, Inc.
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:

Nancy Warner

Name of Person

CMFG Life Insurance Company

Firm/Company

5910 Mineral Point Road

Address

Madison, WI 53705

City/State and Zip code

corporateregulatoryreporting@cunamutual.com

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

For further information concerning this matter, please call:

Nancy Warner

608

665-8662

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

CUMIS Specialty Insurance Company, Inc.

1. _____
(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. Iowa 3. 20-5548208
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 5, 2006 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

January 1, 2011

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2000 Heritage Way, Waverly, IA 50677
(Principal office address)

5910 Mineral Point Road, Madison, WI 53705

(Current mailing address, if different)

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

Name: CT Corporation c/o Donna Moch

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

15 NOV - 2 AM 8:50
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Rebecca Barth

Rebecca Barth, Assistant Secretary

(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Christopher Copeland

Address: 5910 Mineral Point Road
Madison, WI 53705

Director: Michael Defnet

Address: 5910 Mineral Point Road
Madison, WI 53705

B. OFFICERS

President: James Power

Address: 5910 Mineral Point Road
Madison, WI 53705

Vice President: _____

Address: _____

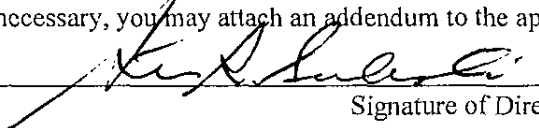
Secretary: Steven R. Suleski

Address: 5910 Mineral Point Road, Madison, WI 53705

Treasurer: Brian Borakove

Address: 5910 Mineral Point Road, Madison, WI 53705

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 11 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. Steven R. Suleski, Secretary

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

15 NOV - 2 AM 8:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Florida Department of State
CUMIS Specialty Insurance Company, Inc.
Registration

Question 11. Continued

Director: Thomas Merfeld
Address: 5910 Mineral Point Road, Madison, WI 53705

Director: Jason Pisarik
Address: 5910 Mineral Point Road, Madison, WI 53705

Director: James Power
Address: 5910 Mineral Point Road, Madison, WI 53705

FILED
15 NOV - 2 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**IOWA SECRETARY OF STATE
PAUL D. PATE**



CERTIFICATE OF EXISTENCE

Date: 10/28/2015

Name: CUMIS SPECIALTY INSURANCE COMPANY, INC. (490 DP - 334472)

Date of Incorporation: 10/5/2006

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

FILED
15 NOV - 2 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate ID: CS113928

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature of Paul D. Pate in black ink.

Paul D. Pate, Iowa Secretary of State