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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

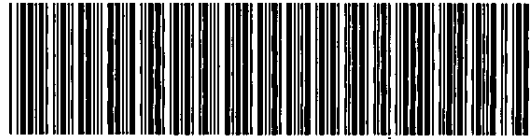
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2016 AUG -2 P 2:23
SECTION 157
FBI - TAMPA

AUG 03 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American National Insurance Service 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:

Geoffrey Rosenblat

Name of Person

Farm Family

Firm/Company

PO Box 656

Address

Albany, New York 12201-0656

City/State and Zip code

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

For further information concerning this matter, please call:

Geoffrey Rosenblat

518 431-5460
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

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**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.*

American National Insurance Service Company

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. _____ 3. _____
Missouri 43-1071580
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. _____ 5. _____
February 9, 1976
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
May 13, 2010
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. _____
1949 East Sunshine St., Springfield, MO 65899
(Principal office address)

(Current mailing address, if different)

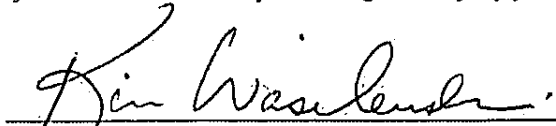
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: _____
C T Corporation System

Office Address: _____
1200 South Pine Island Road
Plantation _____, Florida 33324
(City) (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.



(Registered agent's signature)

Kim Wasilewski
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: See attached addendum

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached addendum

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. Tyler C Cockrum
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. Tyler C Cockrum — Assistant Secretary
(Typed or printed name and capacity of person signing application)

**American National Insurance Service Company
Director and Officer Addendum**

Directors

Gregory V. Ostergren	1949 E. Sunshine, Springfield, MO 65899-0001
James L. Flinn	1949 E. Sunshine, Springfield, MO 65899-0001
John Y. McCaskill	1949 E. Sunshine, Springfield, MO 65899-0001

Officers

John Y. McCaskill	President	1949 E. Sunshine, Springfield, MO 65899-0001
Victoria M. Stanton	Executive VP/General Counsel/Secretary	344 Route 9W, Glenmont, NY 12077
Gregory E. Eck	Vice President, Finance & Treasurer	1949 E. Sunshine, Springfield, MO 65899-0001
Tyler C. Cockrum	Assistant Secretary	1949 E. Sunshine, Springfield, MO 65899-0001
Patrick Leeper	Assistant VP - ML Agent Administration	1949 E. Sunshine, Springfield, MO 65899-0001
Stuart M. Paulson	Assistant Secretary	1949 E. Sunshine, Springfield, MO 65899-0001

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STATE OF MISSOURI



Jason Kander
Secretary of State

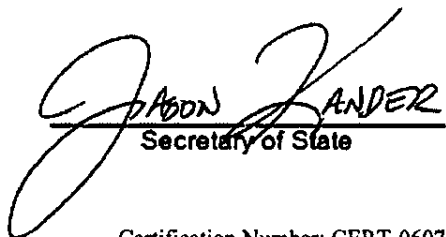
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

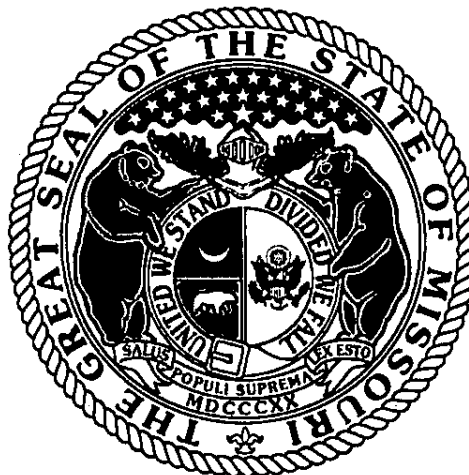
I, JASON KANDER, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

AMERICAN NATIONAL INSURANCE SERVICE COMPANY
00181360

was created under the laws of this State on the 9th day of February, 1976, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 7th day of June, 2016.


Secretary of State



Certification Number: CERT-06072016-0110