

F16000005061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

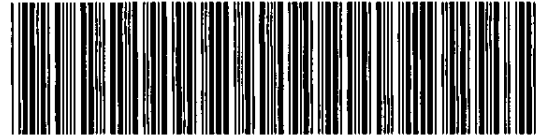
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 7, 2016

SARAH J ROESNER  
121 EAST PARK SQUARE  
OWATONNA, MN 55060

SUBJECT: FEDERATED RESERVE INSURANCE COMPANY  
Ref. Number: W16000075335

We have received your document for FEDERATED RESERVE INSURANCE COMPANY and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 616A00023879

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Federated Reserve 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:

Sarah J. Roesner

\_\_\_\_\_  
Name of Person

Federated Insurance

\_\_\_\_\_  
Firm/Company

121 East Park Square

\_\_\_\_\_  
Address

Owatonna, MN 55060

\_\_\_\_\_  
City/State and Zip code

jhthompson@fedins.com

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

For further information concerning this matter, please call:

Sarah Roesner

507

455-5190

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.*

1. FEDERATED RESERVE 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. MINNESOTA 3. 81-3220472  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. SEPTEMBER 15, 2016 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than 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. 121 EAST PARK SQUARE, OWATONNA, MN 55060  
(Principal office address)
- \_\_\_\_\_  
(Current mailing address, if different)

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

Name: DANIEL T. RAMIREZ

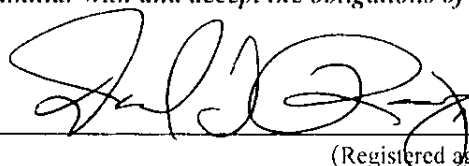
Office Address: 5100 W. LEMON STREET, SUITE 150

TAMPA, Florida 33609  
(City) (Zip code)

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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.*

  
(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: JEFFREY E. FETTERS  
121 EAST PARK SQUARE  
Address: OWATONNA, MN 55060

Vice Chairman: NONE  
Address: \_\_\_\_\_

Director: SEE ATTACHED  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. OFFICERS**

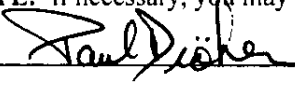
President: JEFFREY E. FETTERS  
121 EAST PARK SQUARE  
Address: OWATONNA, MN 55060

Vice President: SEE ATTACHED  
Address: \_\_\_\_\_

Secretary: PAUL F. DROHER  
121 EAST PARK SQUARE, OWATONNA, MN 55060  
Address: \_\_\_\_\_

Treasurer: PAUL F. DROHER  
121 EAST PARK SQUARE, OWATONNA, MN 55060  
Address: \_\_\_\_\_

**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. PAUL F. DROHER, SECRETARY, TREASURER, CFO AND EXECUTIVE VICE PRESIDENT  
(Typed or printed name and capacity of person signing application)

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HALL HALL SEC. FLORIDA

# Board of Directors

## Federated Reserve Insurance Company

121 East Park Square; Owatonna, Minnesota 55060

NAIC No.: 16024 FEIN: 81-3220472

DIRECTOR	ADDRESS
David M. Adcox	108 Mill Avenue Hohenwald, TN 38462
Paul F. Droher	121 East Park Square Owatonna, MN 55060
Jeffrey E. Feters, <b>Chairman</b>	121 East Park Square Owatonna, MN 55060
James R. Giesler	439 A Street Lincoln, NE 68502
David Patrick Frame	2442 Jaclyn Court South Bend, IN 46614
Lester H. Killebrew	106W Washington Street, Suite 101 Abbeville, AL 36310
James H. Lipscomb III	1010 North Broadway Greenville, MS 38702
John P. McEleney	2421 Lincoln Way Clinton, IA 52732
Sarah B. Person	1660 Tullamore Street Mankato, MN 56001

# Officers

## Federated Reserve Insurance Company

Business Address: 121 East Park Square; Owatonna, Minnesota 55060

NAIC No.: 16024 FEIN: 81-3220472

**Jeffrey E. Feters**

Chairman, President, Chief Executive Officer

**Patric K. Cooper**

Executive Vice President

**Paul F. Droher**

Secretary, Treasurer, Chief Financial Officer, Executive Vice President

President

**Michael G. Kerr**

Chief Operating Officer, Executive Vice President

**Mark D. Scharmer**

Executive Vice President

**James A. Thon**

Executive Vice President

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ALLAHASSEE FLORIDA



## ***Certificate of Authority/Compliance Minnesota Department of Commerce***

NAIC No.: 16024

Date Licensed in Minnesota: 09-15-2016

State/Country of Domicile: Minnesota

### ***FEDERATED RESERVE INSURANCE COMPANY***

has complied with all the requirements and laws of the State of Minnesota and is hereby authorized to transact the business of an insurance company under M.S. 60A.06, Subd. 1, clauses

01-Fire and Allied Lines  
02A-Marine  
02B-Personal Property Floater Risks  
03-Boiler and Machinery  
05A-Accident and Health  
05B-Workers Compensation  
06-Fidelity and Surety  
08-Glass  
09A-Burglary and Theft  
09B-Securities and Drafts  
09C-Personal Property Floater On Individuals  
09D-Water Damage  
11-Credit  
12-Automobile  
13-General Liability  
14-Elevator  
15-Legal Expense

This certificate shall remain in effect until suspended, revoked, or otherwise legally terminated.

IN TESTIMONY WHEREOF, I have  
hereunto set my hand at my office in the  
City of St. Paul, Minnesota.

November 1, 2016

A handwritten signature in cursive script, reading "Mike Rothman", is written over a horizontal line.

MIKE ROTHMAN  
Commissioner