

9/14/2017

Division of Corporations

F1700004442

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000243124 3)))



H170002431243ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

**Resubmission: please keep
file date of 09/14/2017**

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
GREAT PLAINS CASUALTY, INC.**

| | | |
|-----------------------|--|---------|
| Certificate of Status | | 0 |
| Certified Copy | | 0 |
| Page Count | | 05 |
| Estimated Charge | | \$70.00 |

2017 OCT -3 PM 12:47

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

O SIMMONS

OCT 4 2017

DIVISION OF CORPORATIONS

17 SEP 14 AM 9:38

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

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. Great Plains Casualty, Inc.

(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

(State or country under the law of which it is incorporated)

3. 20-8180670

(FEI number, if applicable)

4. June 22, 2007

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. Not applicable

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

7. 3930 16th Avenue SW, Cedar Rapids, Iowa 52404

(Principal office address)

3930 16th Avenue SW, Cedar Rapids, Iowa 52404

(Current mailing address)

8. Property and Casualty Insurance

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Chief Financial Officer

Office Address: PO Box 6200 (32314-6200) 200 E. Gaines St.

Tallahassee

(City)

Florida 32339

(Zip code)

10. 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.

Chief Financial Officer

(Registered agent's signature)

11. 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.

FILED
17 SEP 14 AM 9:32
DIVISION 10

12. Names and business addresses of officers and/or directors: SEE ATTACHED

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHED

President: _____

Address: _____

Vice President: _____

Address: _____

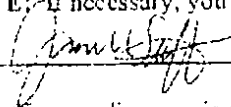
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13.  _____

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.

14. JASON M. STEPPENS, VICE PRESIDENT + SECRETARY

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

FILED
17 SEP 14 PM 9:38
CLERK OF COURT
JASON M. STEPPENS

Great Plains Casualty, Inc.**Director and Officer List****Officers:**

| | <u>Business Address</u> |
|-------------------------------|-----------------------------------------------------------------|
| David Peter Souza – President | 201 1 st Street SE, Suite 400 Cedar Rapids, IA 52401 |
| Jason Steffens- Secretary | 201 1 st Street SE, Suite 400 Cedar Rapids, IA 52401 |
| David Peter Souza – Treasurer | 201 1 st Street SE, Suite 400 Cedar Rapids, IA 52401 |

Directors:

| | |
|----------------------|-----------------------------------------------------------------|
| John Michael Smith | 201 1 st Street SE, Suite 400 Cedar Rapids, IA 52401 |
| Dyan Christine Smith | None |
| David Louis Rusch | 201 1 st Street SE, Suite 400 Cedar Rapids, IA 52401 |
| Henry Royer | 30 Rosedale Road, Cedar Rapids, IA 582403 |
| Jason Steffens | 201 1 st Street SE, Suite 400 Cedar Rapids, IA 52401 |
| David Peter Souza | 201 1 st Street SE, Suite 400 Cedar Rapids, IA 52401 |

FILED
17 SEP 14 AM 9:38
DIVISION OF U.I.

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



CERTIFICATE OF EXISTENCE

Date: 9/14/2017

Name: GREAT PLAINS CASUALTY, INC. (490 DP - 347772)

Date of Incorporation: 6/22/2007

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.

Certificate ID: CS139708

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