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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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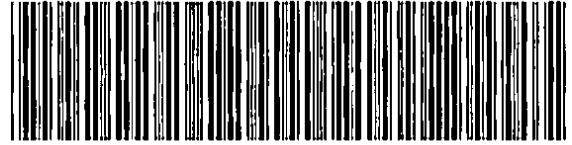
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

B KINSEY
JUN 17 2019



3773 Howard Hughes Parkway Suite 500S
Las Vegas, NV 89169-6014

Phone 702.866.2500
Toll-Free 800.2.INCORP (1-800-246-2677)
Fax 702.866.2689

www.incorp.com

May 30, 2019

Corporations Division
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

InCorp Services, Inc., an authorized Corporate Registered Agent in Florida, whose office is located at 17888 67th Court North, Loxahatchee, FL 33470, herein consents to act as Registered Agent for **Midwest Family Mutual Insurance Company**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

If you have any questions, please contact me at (800) 246-2677 from 8:00 a.m. to 5:00 p.m. PST.

Sincerely,

A handwritten signature in black ink that reads "Nicole Acosta". The signature is written in a cursive, flowing style.

Nicole Acosta, on behalf of InCorp Services, Inc.



**MIDWEST FAMILY GROUP
MIDWEST FAMILY MUTUAL INSURANCE COMPANY
MIDWEST FAMILY ADVANTAGE INSURANCE COMPANY**

Telephone • 763-951-7000

Fax • 763-951-7092

4401 Westown Parkway Suite 305, West Des Moines, IA 50266

Mailing Address:

P.O. Box 9425 • Minneapolis, MN 55440-9425

www.midwestfamily.com

May 10, 2019

To: Florida Department of State

Re: Midwest Family Mutual Insurance Co. – List of Directors and Officers

To Whom It May Concern:

This letter requests the following updates to Officers of Midwest Family Mutual Insurance Co.

Directors:

1. Ronald Boyd, President/CEO - 24801 497th Street, Chariton, IA 50049
2. Aaron Boyd, Exec. VP/COO – 7003 Jenks Dr., Rockford, MN 55373
3. Kristie Van Pelt, Sr. VP/CFO/Treasurer – 1424 Prairie Ridge Dr., Polk City, IA 50226
4. Gary Stillwell, Director – 8116 W 96th Street, Bloomington, MN 55438
5. William O'Brien, Director – 3281 Katie Court, Arden Hills, MN 55112
6. Nathan Gray, Director – 4072 State Highway EE, McFall, MO 64657
7. Victoria Boyd, Director – 24801 497th Street, Chariton, IA 50049

Officers:

1. Rita Stott, Vice President/Claims – 12025 276th Ave NW, Zimmerman, MN 55398
2. Michael Carey, Vice President/Underwriting – 1890 Aspen Drive, Detroit Lakes, MN 56501
3. Becky Szymczak, HR Director/Corporate Secretary – 14194 Quinn St NW, Andover, MN 55304

Please contact me if you have any questions or need additional information.

Sincerely,

Becky Szymczak

HR Director/Corporate Secretary

Phone No: 763-951-7055

Fax No: 763-951-7195

becky.szymczak@midwestfamily.com



“We serve our Agents first to serve Policyholders best!”

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Midwest Family Mutual 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:

Becky Szymczak

Name of Person

Midwest Family Mutual Insurance Company

Firm/Company

4401 Westown Parkway, Suite 305

Address

West Des Moines, IA 50266

City/State and Zip code

becky.szymczak@midwestfamily.com

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

For further information concerning this matter, please call:

Erica Yoder

319 573-4810
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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.*

Midwest Family Mutual Insurance 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. IA 3. 41-0417260
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 15, 1891 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. 4401 Westown Parkway, Suite 305, West Des Moines, IA 50266
(Principal office address)

PO Box 9425, Minneapolis, MN 55440-9425
(Current mailing address, if different)

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

Name: InCorp Services, Inc.
Office Address: 17888 67th Court North
Loxahatchee, Florida 33470
(City) (Zip code)

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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.

See attached from InCorp

(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: See attachment

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: See attachment

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. Becky Szymczak
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. Becky Szymczak, HR Director/Corporate Secretary

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

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19 JUN -6 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



CERTIFICATE OF EXISTENCE

Issue Date: 5/17/2019

Name: MIDWEST FAMILY MUTUAL INSURANCE COMPANY (4910DI - 427916)

Date of Incorporation: 1/1/2012

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 Corporations for Pecuniary Profit Act due the Secretary of State have been paid.
- c. Articles of dissolution have not been filed.

Certificate ID: **CS168353**

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature in black ink that reads "Paul D. Pate".

Paul D. Pate, Iowa Secretary of State