

F20000002818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

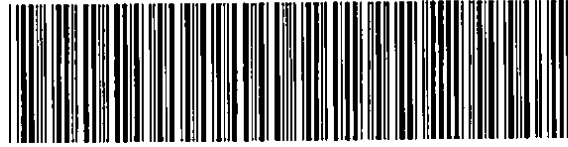
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

6/22 Received corrected App. LDC

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20 JUN 22 AM 3:28

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dairyland National 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:

Jill Kimes

Name of Person

Sentry Insurance a Mutual Company

Firm/Company

1800 North Point Drive

Address

Stevens Point, WI 54481

City/State and Zip code

statutoryreporting@sentry.com

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

For further information concerning this matter, please call:

Jill Kimes at (715) 346-6252

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- | | | | |
|--|--|---|---|
| <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.*

1. Dairyland National 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. Wisconsin 3. n/a
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 11, 2019 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. n/a
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1800 North Point Drive, Stevens Point, WI 54481
(Principal office street address)
- _____
(Current mailing address, if different)

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

Name: Chief Financial Officer- Dept. of Financial Servi

Office Address: 200 E. Gaines St.

Tallahassee, Florida 32399
(City) (Zip code)

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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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Peter G. Anhalt
☐ Vice Chairman Address: 1800 Denning Way
☐ Director Suite 400
☒ President Madison, WI 53562
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Michael J Williams
☐ Vice Chairman Address: 1800 North Point Drive
☒ Director Stevens Point WI 54481
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Kip J. Kobussen
☐ Vice Chairman Address: 1800 North Point Drive
☒ Director Stevens Point WI 54481
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☒ Chairman Name: Peter G. McPartland
☐ Vice Chairman Address: 1800 North Point Drive
☐ Director Stevens Point WI 54481
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Todd M. Schroeder
☐ Vice Chairman Address: 1800 North Point Drive
☒ Director Stevens Point, WI 54481
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: James E. McDonald
☐ Vice Chairman Address: 1800 North Point Drive
☒ Director Stevens Point WI 54481
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. Kip J. Kobussen, Secretary and Director

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

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FILED



Certificate of Compliance ***State of Wisconsin***

Office of the Commissioner of Insurance

As of This Date: **May 14, 2020**

As Commissioner of Insurance of the State of Wisconsin I have supervision of insurance business and as such hereby certify that:

Dairyland National Insurance Company

Domicile State: Wisconsin

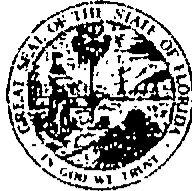
Is duly authorized to transact the business of:

- Automobile
- Disability Insurance
- Fidelity Insurance
- Fire, Inland Marine and Other Property Insurance
- Liability and Incidental Medical Expense Insurance (other than automobile)
- Miscellaneous
- Ocean Marine Insurance
- Surety Insurance

IN TESTIMONY WHEREOF, I have hereunto set my hand.

A handwritten signature in black ink, appearing to read "Mark V. Smith".

Commissioner of Insurance



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2020

JILL KIMES
SENTRY INSURANCE A MUTUAL COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481 US

SUBJECT: DAIRYLAND NATIONAL INSURANCE COMPANY
Ref. Number: W20000056793

We have received your document for DAIRYLAND NATIONAL INSURANCE COMPANY and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Chapter 628, Florida Statutes, requires all insurers in Florida to list the Chief Financial Officer as their registered agent. The registered office address is: Department of Financial Services, 200 E. Gaines St., Tallahassee, FL 32399.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang
Regulatory Specialist II

Letter Number: 120A00011244

6/22 Received Correct APP.

RECEIVED

JUN 22 2020