

F20000004229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

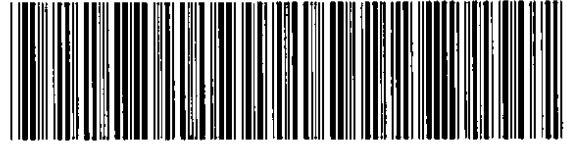
(Business Entity Name)

(Document Number)

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

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09/30/20--01005--002 \*\*78.75

RECEIVED  
2020 SEP 30 AM 11:22  
CLERK OF SUPERIOR COURT  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2020 SEP 30 PM 3:45  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

10/1/20  
45

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** American Family Connect 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:

Jeff Rainey

Name of Person

Colodny Fass, P.L.L.C

Firm/Company

119 East Park Avenue

Address

Tallahassee, FL 32301

City/State and Zip code

Patrick.Shine@connectbyamfam.com

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

For further information concerning this matter, please call:

Jeff Rainey

at ( 850 ) 577-0398

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**

☐ \$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. American Family Connect 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

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

3. 65-1261374

(FEI number, if applicable)

4. 10/14/2005

(Date of incorporation)

5. Perpetual

(Date of duration, if other than 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. 3500 Packerland Drive, De Pere, WI, 54115

(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, State of Florida

Office Address: 200 E. Gaines Street

Tallahassee

(City)

, Florida

32399

(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)

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: Jessica Stauffacher  
☐ Vice Chairman Address: 3500 Packerland Drive  
☐ Director De Pere, WI 54115  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Daniel Kelly  
☐ Vice Chairman Address: 3500 Packerland Drive  
☒ Director De Pere, WI 54115  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Fabian Fondriest  
☐ Vice Chairman Address: 3500 Packerland Drive  
☒ Director De Pere, WI 54115  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: David Holman  
☐ Vice Chairman Address: 3500 Packerland Drive  
☒ Director De Pere, WI 54115  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Jack Salzwedel  
☐ Vice Chairman Address: 3500 Packerland Drive  
☒ Director De Pere, WI 54115  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

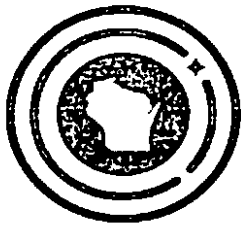
☐ Chairman Name: William Westrate  
☐ Vice Chairman Address: 3500 Packerland Drive  
☒ Director De Pere, WI 54115  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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. Patrick Michael Shine  
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. Patrick Michael Shine  
(Typed or printed name and capacity of person signing application)



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

**Office of the Commissioner of Insurance**

As of This Date: **July 13, 2020**

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

**American Family Connect Insurance Company**

***Domicile State: Wisconsin***

Is duly authorized to transact the business of:

Automobile  
Credit Insurance  
Credit Unemployment  
Disability Insurance  
Fire, Inland Marine and Other Property Insurance  
Liability and Incidental Medical Expense Insurance (other than automobile)  
Miscellaneous

2020 SEP 30 PM 3:45  
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IN TESTIMONY WHEREOF, I have hereunto set my hand.

Commissioner of Insurance