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(Requestor's Name)

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(City/State/Zip/Phone #)

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MAIL

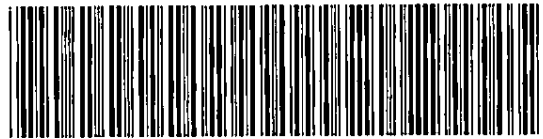
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CM Indemnity 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:

Laurie Saccone

Name of Person

Perr & Knight

Firm/Company

401 Wilshire Blvd., #300

Address

Santa Monica, CA 90401

City/State and Zip code

cbrandt@churchmutual.com

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

For further information concerning this matter, please call:

Laurie Saccone

at ( 310 ) 889-0986

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 type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. CM Indemnity 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. 33-0209838  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9-4-1979 5. perpetual  
(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. 3000 Schuster Lane, Merrill, WI 54452  
(Principal office street address)

3000 Schuster Lane, Merrill, WI 54452  
(Current mailing address, if different)

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

Name: Florida Chief Financial Officer  
Office Address: Office of the Chief Financial Officer  
Florida Department of Financial Services  
200 East Gaines Street  
Tallahassee , Florida 32399-0301  
(City) (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]:

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**A. DIRECTORS**

☒ Chairman Name: Richard V. Poirier  
☐ Vice Chairman Address: CM Indemnity Ins. Co.  
☐ Director 3000 Schuster Lane  
☐ President Merrill, WI 54452  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other CEO ☐ Other \_\_\_\_\_

☐ Chairman Name: Alan S. Ogilvie  
☐ Vice Chairman Address: CM Indemnity Ins. Co.  
☐ Director 3000 Schuster Lane  
☒ President Merrill, WI 54452  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

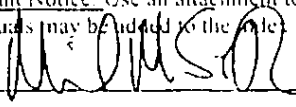
☐ Chairman Name: Michael M. Smith  
☐ Vice Chairman Address: CM Indemnity Ins. Co.  
☒ Director 3000 Schuster Lane  
☐ President Merrill, WI 54452  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☒ Other Sr Vice President ☐ Other \_\_\_\_\_

☐ Chairman Name: Dwayne A. Gantz  
☐ Vice Chairman Address: CM Indemnity Ins. Co.  
☒ Director 3000 Schuster Lane  
☐ President Merrill, WI 54452  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☒ Other Sr Vice President ☒ Other CFO

☐ Chairman Name: Kevin D. Root  
☐ Vice Chairman Address: CM Indemnity Ins. Co.  
☒ Director 3000 Schuster Lane  
☐ President Merrill, WI 54452  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other Sr Vice President ☐ Other \_\_\_\_\_

☐ Chairman Name: Robert M. Buckley  
☐ Vice Chairman Address: CM Indemnity Ins. Co.  
☒ Director 3000 Schuster Lane  
☐ President Merrill, WI 54452  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other Sr Vice President ☐ 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 table 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. Michael M. Smith, Senior Vice President-Secretary and General Counsel  
 (Typed or printed name and capacity of person signing application)

# A. DIRECTORS (Cont'd)

☐ Chairman Name: Scott M. Names

☐ Vice Chairman Address: CM Indemnity Ins. Co.

☒ Director 3000 Schuster Lane

☐ President Merrill, WI 54452

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☒ Other Sr Vice President ☒ Other Shared Svcs

☐ Chairman Name: Pamela W. Stampen

☐ Vice Chairman Address: CM Indemnity Ins. Co.

☐ Director 3000 Schuster Lane

☐ President Merrill, WI 54452

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☒ Other Sr Vice President ☒ Other Chief People Off

☐ Chairman Name: Rebecca A. Hudzik-Presson

☐ Vice Chairman Address: CM Indemnity Ins. Co.

☐ Director 3000 Schuster Lane

☐ President Merrill, WI 54452

☒ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☒ Other Chief Claims Off ☐ Other \_\_\_\_\_

☐ Chairman Name: Craig S. Huss

☐ Vice Chairman Address: CM Indemnity Ins. Co.

☐ Director 3000 Schuster Lane

☐ President Merrill, WI 54452

☒ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☒ Other CIO ☐ Other \_\_\_\_\_

☐ Chairman Name: Stephanie I. Lynn

☐ Vice Chairman Address: CM Indemnity Ins. Co.

☐ Director 3000 Schuster Lane

☐ President Merrill, WI 54452

☒ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☒ Other ERM & CRO ☐ Other \_\_\_\_\_

☐ Chairman Name: Randall W. Oja

☐ Vice Chairman Address: CM Indemnity Ins. Co.

☐ Director 3000 Schuster Lane

☐ President Merrill, WI 54452

☒ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☒ Other UW and Product ☒ Other Chief Actuary

A. DIRECTORS(Cont'd)

☒ Chairman Name Cynthia M. Brandt  
☐ Vice Chairman Address: CM Indemnity Ins. Co.  
☐ Director 3000 Schuster Lane  
☐ President Merrill, WI 54452  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_  
☒ Other Asst Secretary ☐ Other \_\_\_\_\_

☐ Chairman Name \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name \_\_\_\_\_  
☐ Vice Chairman Address \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_



Wisconsin Office of the  
**COMMISSIONER  
OF INSURANCE**

## ***Certificate of Compliance***

As of This Date: **February 03, 2023**

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

**CM Indemnity Insurance Company**

***Domicile State: Wisconsin***

Is duly authorized to transact the business of:

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

IN TESTIMONY WHEREOF, I have hereunto set my hand.

Commissioner of Insurance