F9500003600

DE LITY ACCEPTANCE

790 TOWLE MUILDING 330 BECOND AVENUE BOUTH MINNEAPOLIB, MINNEBOTA BEAUT

	Salsania Salsania
	1077 001
******70.00	#####YILDID

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1		
(Corpo 2,	redon Name) (Document #)	
(Софо	ration Name) (Document #)	
Gorpor	ation Name) (Document #)	
	edon Name) (Document #)	··
Walk in	Pick up time Certified Copy	\
Mail out	Will wait Photocopy Certificate of Status	
NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Director	~ ~< !
Limited Liability		
Domestication	Char.ça of Registered Agent Dissolution/Withdrawal	置名
Other	Merger	ťά
OTHER FILINGS	REGISTRATION/ QUALIFICATION	
Annual Report	Foreign	
Fictitious Name		
Name Reservation	Limited Partnership	
	Reinstatement	
	Trademark	
CR2E031(10/92)	Other Examiner's Initials	

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:

2. (S	Modern Casualty Insurance Agency Inc. Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or bbreviations of like import in language as will clearly indicate that it is a corporation instead of a na repartnership if not so contained in the name at present.) Arizona Arizona 3. 41-0799188 toto or country under the law of which it is incorporated) (FEI number, if applicable)		
4	11/12/57 [Date of Incorporation] [Date of Incorporation] [Duration: Year corp. will cease to exist or "perperpending to exist or "perpending to exi		
_	(Duration: Year corp. will cease to exist or "perp	otual?	-
6. (D	July 1, 1995 ato first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)		
,	330 2nd No. So. #700		
· -	330 2nd Ave. So. #790 Minneapolis, MN 55401	<u>ج</u> دی	S.StAtt
	(Current mailing address)	[#] わか #	
٠	insurance agency		
1	insurance agency Purposo(s) of corporation authorized in home state or country to be carried out in the state of Flor	ida).'	- _ ;
ľ	Name and street address of Florida registered agent:	Ω) νο	0
	Name:CT Corporation System		
	Office Address: 1200 South Pine Island Road		
	Plantation . Florida 33324		
	(Zip Code	1	_

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.

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.

Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) 12. DIRECTORS (Street address only- P. O . Box NOT acceptable) A. Chairman: ____ Donald D. Davidson Address: 330 2nd Ave. So. #790 Minneapolis, MN 55401 Vice Chairman: Roger D. Harrison Address: ____ 330 2nd Ave. So. #790 Minneapolis. MN 55401 Director: ____ Ivan Fercho Address: _____ 330 2nd Ave. So. #790 Minneapolis, MN 55401 Director: _____ Donald D. Davidson Address: 330 2nd Ave. So. #790 Minneapolis. MN 55401 B.OFFICERS (Street address only- P. O. Box NOT acceptable) President: Donald D. Davidson Address: ____ 330 2nd Ave. So. #790 Minneapolis, MN 55401 Vice President: Roger D. Harrison Address: ____ 330 2nd Ave. So. #790 Minneapolis, MN 55401 Secretary: ___ Ivan Fercho Address: 330 2nd Ave. So. #790 Minneapolis, MN 55401 Treasurer: _____ Ivan Fercho Address: 330 2nd Ave. So. #790, Minneapolis, MN 55401 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Ivan Fercho-SEcretary/Treasurer 14.

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

state of Arison

OFFICE OF THE

CORPORATION COMMISSION

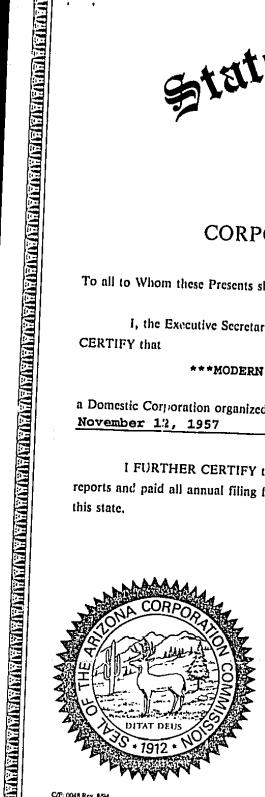
To all to Whom these Presents shall Come, Greeting:

I, the Executive Secretary of the Arizona Corporation Commission, DO HEREBY CERTIFY that

MODERN CASUALTY INSURANCE AGENCY

a Domestic Corporation organized under the laws of the State of Arizona, did incorporate on November 12, 1957

I FURTHER CERTIFY that this corporation has filed all affidavits and annual reports and paid all annual filing fees required to date and, therefore, is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Pheenix, the Capital, this 27th day of

B: 27

19<u>95</u>, A.D.