TEATISMIT TAILETTER

To: Qualification/TailLight Section
Division of Corporations

SUBJECT: MODERN SERVICE INSURANCE COMPANY

Division	of Corporations	OWE	
SUBJECT:	MODERN SERVICE IN	SURANCE COMPANY	
	(Name	e of corporation - must include suffix)	
Dear Sir or Mada	am:	900	00023625396 -12/04/9701010002 ******78.75 ******78.75
	xistence", and check are	orporation for Authorization to Transact E submitted to register the above referenced	foreign corporation to
Please return all	correspondence concerni	ng this matter to the following:	W97-27300 - 40554
_	Lori M. Trygg		` \ a
		(Name of Person)	
_	Modern Servic	e Insurance Company	\psi 0
		(Firm/Company)	
_	Two Pine Tree	Drive	
		(Address)	三角 4
Arden Hills, MN 55112			
		(City/State/Zip)	
Should you need	to call someone concern	ing this matter, please call:	F CORNE
Lori M. T	rygg	at (_612) 631-4834	Tarve.
(Name o	of Person)	(Area Code & Daytime Telephon	ne Number)

COURIER ADDRESS:

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 8, 1997

MODERN SERVICE INSURANCE COMPANY 2 PINE TREE DR. ARDEN HILLS, MN 55112

SUBJECT: MODERN SERVICE INSURANCE COMPANY

Ref. Number: W97000027300

We have received your document for MODERN SERVICE INSURANCE COMPANY and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business in Florida prior to qualification and the appropriate charter tax and annual report fees that would have been due this office had the corporation qualified the year it began operations in this state. Please complete the enclosed form INHSE37 and contact this office for the charter tax due. The amount entitled this office in annual report fees and penalty fees is \$20446.25.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 487-6093.

Letter Number: 697A00057694

Freta Lott Corporate Specialist Supervisor

AFFIDAVIT

STATE OF MINNESOTA		
COUNTY OF RAMSEY)	SS

Lori M. Trygg being first duly sworn on oath states and deposes as follows:

- 1. I am counsel for Modern Service Insurance Company and have information concerning the "Application by Foreign Corporation for Authorization to Transact Business in Florida".
- 2. That erroneous information was listed on the "Application by Foreign Corporation for Authorization to Transact Business in Florida", line 6. Modern Service Insurance Company has never transacted business in Florida. Modern is 100% owned by Mutual Service Casualty Insurance Company, and Mutual Service was granted a certificate of authority by the State of Florida in December of 1978. Thus, the date erroneously listed on line 6 of the application refers to the date Mutual Service Casualty Insurance Company first transacted business in Florida.
- 3. That Modern Service Insurance Company has not begun operations in Florida. The application for authorization to transact business in Florida is part of our preparation to file for a Certificate of Authority from the Department of Insurance as a foreign property and casualty insurer.

Lori M. Trygg

Sworn to and subscribed before me this 18th day of December 1997.

Notary Public

DONNA K. KING
NOTARY PUBLIC - MINNESOTA
My Commission Expires Jan. 31, 2000

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. <u>Modern Service I</u> (Name of corporation: musting	insurance Comp	any CORPORATE	D", "COMP.	· ANY","CORPO	RATION" or words	or .
(Name of corporation: must inc abbreviations of like import in la or partnership if not so contain	anguage as will cle ed in the name at	early indicate present.)	that it is a c	orporation ins	tead of a natural pe	rson
2. Minnesota	····	3.	41-0944			
(State or country under the law	of which it is inco	porated)	(FEI nun	nber, if applica	ble)	
42/6/68	5.	Perpet	ua1	* *·		
4. 2/6/68 (Date of Incorporation)				will cease to e	xist or "perpetual")	
6. 12/1/78					•	
(Date first transacted business	in Florida. (See sect	ions 607.1501, 6	07,1502, and 8	317.155, F.S.)	er .	
7Two Pine Tree Drive	!					
Arden Hills, MN 551	12				7 PR	
(Cı	rrent mailing add	ress)		· · · · ·	25.5	
•			•		9 9	
8. To write principally	personal auto	mobile and	homeowne	ers.		m
(Purpose(s) of corporation a	uthorized in home	state or cour	ntry to be ca	rried out in the	state(of Florida)	
9. Name and street addr	ess of Florida	registered	i agent:		9	
Name:	Insuranc	ce Commis	sioner			
Office Address:	Capitol	 				
	Tallahas	see		. Florida .	32399-0300	
•		,			(Zip Code)	
10. Registered agent's a	ccentanco:					
	-	•	_			
Having been named as reg. cornoration at the place de	istered agent a Ssignatod in th	nd to acce _i	ot service	of process	for the above st	ated
corporation at the place de registered agent and agree	to act in this ca	us applicat anacity i fi	ion, i nem idher adm	eby accept so to comple	tne appointmen	it as
or an statutes relative to the	e proper and co	omolete ne	rformance	of my duti	es. and I am fan	iulis riliar
with and accept the obligati	ons of my posi	tion as regi	istered ag	ent.	,	
				·-	· · · · · · · · · · · · · · · · · · ·	
¢		e Commis		-		1
	(Registered ager	nt's signature) .			*

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.

12. Names addre	and addresses of officers and/or directors: (Street ss ONLY- P. O. Box NOT acceptable)
A. DIREC	TORS (Street address only- P. O . Box NOT acceptable)
Chairman: _	John Blair Shaffer
Address:	Shaffer Farms, Inc.
	Route 3, Box 157, Pipestone, MN 56164
Vice Chairm	an: Gasper Kovach, Jr.
Address:	1013 Rollingwoods Lane
_	Lakeland, FL 33813
Director: _	John Clark Boatman
Address:	5811 Star Route
	Kansas, OH 44841
Director: _	Burdette Lewis Frew
Address:	7480 S. Highway 163
_	Columbia, MO 65203
B.OFFICERS(Street address only- P. O. Box NOT acceptable)
President:	James F. Van Houten
Address:	Two Pine Tree Drive
	Arden Hills, MN 55112
Vice Presid	lent: Robert L. Gaecke
Address:	Two Pine Tree Drive
	Arden Hills, MN 55112
Secretary:	Joseph J. Pingatore
Address:	Two Pine Tree Drive
· · ·	Arden Hills, MN-55112
Treasurer:	Stephen L. Rohde
Address:	Two Pine Tree Drive, Arden Hills, MN 55112
13. (Signa	ecessary, you may attach an addendum to the application litional officers and/or directors. ture of Chairman, Wice Chairman vor any officer listed in number 12 of the application) J. Pingatore, Vice President, General Counsel & Secretary or printed name and capacity of person signing application)
(Typed	or printed name and capacity of person signing application)

__(CONTINUED)

- 12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)
 - A. DIRECTORS (Street address only- P. O . Box NOT acceptable)

XXX BXXXXX BXX: _	Donald R. Gilles		
Director: Address:	1033 Auth Street		
rican coo.	Durand, WI 54736	····	
	parada, iii 54750		
WixxXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Norman T. Jones		
Address:	Six London Court		
_	Bloomington, IL 61704		
Director: .	James W. Lenz		
Address: _	· 2351 210th Street	•	
***************************************	Manson, IA 50563		
Director:	LeRoy K. Peterson		
Address:	1918 Wyman Street		
-	New London, WI 54961		9
B.OFFICERS	(Street address only- P. O. Box NOT acceptable		30
Vice Presiden		25	
Address:	Two Pine Tree Drive	m-	
	Arden Hills, MN 55112	55 4	<u> </u>
Vice Presi	dent: Charles W. Quandt, III		<u> </u>
Address: _	Two Pine Tree Drive	<u>-</u> .	
	Arden Hills, MN 55112		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Alan T. Reiss		
Vice Presiden Address:	t: Two Pine Tree Drive		<u>.</u>
•	Arden Hills, MN 55112		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
Vice Preside Address:	Two Pine Tree Drive, Arden Hills, MN 55112		
NOTE: If the listing ad	necessary, you may attach an addendum to the ap	plicati	lon
13			
(Sigr	nature of Chairman, Vice Chairman, or any officer listed 12 of the application)	i in numb	er
14		• •	
(Type	ed or printed name and capacity of person signing applic	ation)	_

CONTINUED)

- 12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)
- A. DIRECTORS (Street address only- P. O . Box NOT acceptable)

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Russell B. Porath	
Director: Address:	1609 12th Ave NE	
	Watertown, SD 57201	
Wikexxxhxxkxwax: Director:	Dixie Lee Riddle	
Address:	E. 11106 Moffat Road	
	Mead, WA 99021	
Director:	Philip R. Walker	·
Address:	· 2603 Airpark Drive	,
	Nashville, TN 37206	<u> Zs</u>
Director:		<u> </u>
Address:		AN 1 5
	eet address only- P. O. Box NOT accep	
Vice President: ExerxiviexXX:	Donald M. Gray	Street Street Street
Address:	Two Pine Tree Drive	
-	Arden Hills, MN 55112	
Vice President	::	
Address:		·
-		
Secretary:	The form of the property of the second of th	<u>-</u>
Address:	<u> </u>	
• · · · · · · · · · · · · · · · · · · ·		
Treasurer:		
Address:	·	
13	ssary, you may attach an addendum to to conal officers and/or directors.	
(Signature	e of Chairman, Vice Chairman, or any officer . 12 of the application)	listed in number
7.4	printed name and capacity of person signing a	• •



MINNESOTA DEPARTMENT OF COMMERCE

CERTIFICATE OF COMPLIANCE

97 DEC 19 AM
SECRICIARY OF

IT IS HEREBY CERTIFIED THAT Modern Service Insurance Company organized under the laws of the State of Minnesota has complied with all the requirements of the laws of this State applicable to said company and is authorized to issue policies and transact the business of an insurance company for the lines of insurance specified in Minnesota Statutes, Section 60A.06, Subdivision 1, Clause(s): 1 (Fire), 2a (Inland Marine & Ocean Marine), 2b (Personal Property Floater), 3 (Boiler & Machinery), 6 (Fidelity & Surety), 8 (Glass), 9a (Burglary & Theft), 9b (Security & Drafts), 9c (Personal Property Floater for Casualty Companies), 9d (Water Damage), 12 (Automobile), 13 (General Liability), in this State in accordance with the laws thereof, until the first day of June, 1998.



IN WITNESS WHEREOF, I have hereunto set my hand and caused my official seal to be affixed, at the City of St. Paul, this 20th day of November, 1997.

DAVID B. GRUENES COMMISSIONER OF COMMERCE