

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000006756**

1. Corporation Name

MODERN SERVICE INSURANCE COMPANY

Principal Place of Business

Mailing Address

2 PINE TREE DR.
ARDEN HILLS MN 55112

2 PINE TREE DR.
ARDEN HILLS MN 55112

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/19/1997

5. FEI Number

41-0944224

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DC	SHAFFER, JOHN B	RT. 3 BOX 157	PIPESTONE MN 56164
DC	KOVACH, GASPER JR	1013 ROLLINGWOODS LANE	LAKELAND FL 33813
D	BOATMAN, JOHN C	5811 STAR ROUTE	KANSAS OH 44841
D	FREW, BURDETTE L	7480 S HWY 163	COLUMBIA MO 65203
P	VAN HOUTEN, JAMES F	2 PINE TREE DR.	ARDEN HILLS MN 55112
V	GAECKE, ROBERT L	2 PINE TREE DR.	ARDEN HILLS MN 55112

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

300002700953-6

-12/02/98-01093-042

****150.00 ****150.00

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for Information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/18/98 (651) 631-7794

FILED

98 NOV 23 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CR2ED040 (9/98)



November 19, 1998

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32314

**RE: Document Number F97000006756 ; Modern Service Insurance Company
(Modern) Application for Reinstatement**

Dear Sir or Madam:

Enclosed is the completed Application for Reinstatement and a check for \$150.00 for the annual filing fee. Also enclosed is the Consent and Agreement in re Service of Process Under the Laws of Florida naming the Insurance Commissioner of the State of Florida as Modern's registered agent. Per my conversation with a representative of the Division of Corporations, we are requesting a waiver of the reinstatement fees based on the following circumstances:

We requested corporate status in the state of Florida in December of 1997 as a prerequisite to our application to the Florida Department of Insurance for a Certificate of Authority to conduct insurance business in the state of Florida. We sent our completed application to the Department of Insurance in February of 1998. However, the Florida Department returned it to us and requested completion of a Report of Examination by the state of Minnesota prior to consideration of our application. This examination and resultant report was not completed until July of 1998.

We resubmitted our application to the Florida Department of Insurance in July, and have been working continuously with the Department since that time to provide the information necessary to complete our application. As of this date, we have provided all requested information, have signed a consent order and are pending approval of our application. We have been advised that such approval will probably be forthcoming the beginning of December.

Because of the status of our application during the year, previous notices regarding our corporate status were either not received or not recognized as relevant because there was no record of Modern Insurance Company doing business in, or having authority to do business in, the state of Florida. However, pending approval of our application for the Certificate of Authority, we hope to become active in Florida by the first of the year. Thus, we need to reinstate and maintain our corporate status.

I appreciate your consideration of our request. Please contact me at (651) 631-4834 if you have any questions or need any additional information.

Sincerely,

Lori M. Trygg
Counsel

Mailing address: P.O. Box 64035, St. Paul, Minnesota 55164-0035
Home Office: Two Pine Tree Drive, Arden Hills, Minnesota 55112-3793 (612) 631-7000

Mutual Service Life Insurance Company/Mutual Service Casualty Insurance Company/Modern Service Insurance Company/MSI Insurance Company