

F99000004849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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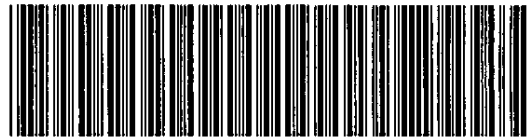
(Business Entity Name)

(Document Number)

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14 MAY -5 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

C. LEWIS  
MAY 14 2014  
EXAMINER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Great Northwest Insurance Company  
Name of Corporation

DOCUMENT NUMBER: F99000004849

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven R. Good  
Name of Contact Person

Great Northwest Insurance Company  
Firm/Company

332 Minnesota Street, Suite W1800  
Address

St. Paul, MN 55101  
City/State and Zip Code

taxfilings@greatnorthwest.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven R. Good at ( 612 ) 276-6250  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$35.00 Filing Fee

☒

\$43.75 Filing Fee &  
Certificate of Status

☐

\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐

\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F99000004849

(Document number of corporation (if known))

14 MAY -5 PM 3:46  
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TALLAHASSEE, FLORIDA

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1. Great Northwest Insurance Company  
(Name of corporation as it appears on the records of the Department of State)

2. Minnesota  
(Incorporated under laws of)

3. April 6, 2000  
(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

\_\_\_\_\_  
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

Minnesota  
(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Steven R. Good  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Steven R. Good  
(Typed or printed name of person signing)

VP - Accounting & Finance  
(Title of person signing)



## ***Certificate of Authority/Compliance*** ***Minnesota Department of Commerce***

NAIC No.: 26654

Date Licensed in Minnesota: 11-18-1986

State/Country of Domicile: Minnesota

### ***GREAT NORTHWEST INSURANCE COMPANY***

has complied with all the requirements and laws of the State of Minnesota and is hereby authorized to transact the business of an insurance company under M.S. 60A.06, Subd. 1, clauses

01-Fire and Allied Lines  
02A-Marine  
02B-Personal Property Floater Risks  
03-Boiler and Machinery  
06-Fidelity and Surety  
08-Glass  
09A-Burglary and Theft  
09B-Securities and Drafts  
09C-Personal Property Floater On Individuals  
09D-Water Damage  
10-Livestock  
11-Credit  
12-Automobile  
13-General Liability  
14-Elevator  
15-Legal Expense

This certificate shall remain in effect until suspended, revoked, or otherwise legally terminated.

IN TESTIMONY WHEREOF, I have  
hereunto set my hand at my office in the  
City of St. Paul, Minnesota.

April 24, 2014

A handwritten signature in black ink that reads "Mike Rothman". The signature is stylized with a large, flowing "M" and "R".

MIKE ROTHMAN  
Commissioner