

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000001979

**FILED**  
**Jan 10, 2017**  
**Secretary of State**  
**CC7969195218**

**Entity Name:** ARTHUR A. HIRMAN AGENCY, INC.

**Current Principal Place of Business:**

5200 MEMBERS PARKWAY NW  
ROCHESTER, MN 55903

**Current Mailing Address:**

P.O.BOX 6887  
ROCHESTER, MN 55903

**FEI Number:** 41-0824922

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name SNYDER, MICHAEL  
Address 5200 MEMBERS PARKWAY NW  
City-State-Zip: ROCHESTER MN 55903

Title P  
Name MACKIN, PAUL  
Address 5200 MEMBERS PARKWAY NW  
City-State-Zip: ROCHESTER MN 55903

Title S  
Name SPOHN, STEVE  
Address 5200 MEMBERS PARKWAY NW  
City-State-Zip: ROCHESTER MN 55903

Title T  
Name BECK, DAN  
Address 5300 MEMBERS PKWY  
City-State-Zip: ROCHESTER MN 55903

Title VP  
Name HANSON, KAREN A  
Address 5200 MEMBERS PARKWAY NW  
City-State-Zip: ROCHESTER MN 55903

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KAREN HANSON**

**VP INSURANCE  
SERVICES**

**01/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date