

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000003746

**FILED**  
**Jun 05, 2017**  
**Secretary of State**  
**CC8720598237**

**Entity Name:** NAU COUNTRY INSURANCE COMPANY

**Current Principal Place of Business:**

7333 SUNWOOD DRIVE  
RAMSEY, MN 55303

**Current Mailing Address:**

7333 SUNWOOD DRIVE  
RAMSEY, MN 55303

**FEI Number:** 42-1265237

**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 D  
Name GIARDIELLO, GREGORY  
Address 88 PINE STREET  
City-State-Zip: NEW YORK NY 10005

Title D  
Name KORIN, JAMES R  
Address 7333 SUNWOOD DRIVE  
City-State-Zip: RAMSEY MN 55303

Title D  
Name JAKWAY, DOUGLAS M  
Address 7333 SUNWOOD DRIVE  
City-State-Zip: RAMSEY MN 55303

Title ASSISTANT VICE PRESIDENT  
Name KLATT, DARNYL  
Address ONE GENERAL DRIVE BUILDING 100  
City-State-Zip: SUN PRAIRIE WI 53596

*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:** DARNYL KLATT

**AVP STATUTORY  
CONTROLLER**

**06/05/2017**

Electronic Signature of Signing Officer/Director Detail

Date