Nº 5556 P

## State of Delaware



## Department of Insurance

## Certificate of Authority to Insurance Company

|  |                                  | UMPANY   |  |
|--|----------------------------------|--|--|
| Of 5350 West 78th Street, Edina, M   | N 55439                          |  |  |
|  |                                  |  | Minnesota                                  |
| as a <u>Mutual</u>   |                                  | insurer is hereby authorized to transact the business of |  |
| Surety   |                                  |  | · · · · · · · · · · · · · · · · · · ·      |
|  |                                  | ******************                                       |  |
|  | ******************************** | ***************  | ***************************************    |
| nsurance within the State of Delawa  | re as such classes are r         | now or may he  | reinafter be defined. This Certificate of  |
| Authority is the property of State of I  | Delaware and shall cor           | ntinue in force  | until terminated, suspended or revoked,    |
| subject to requirements for continuat  | ion by or on March 1 a           | innually as set  | for in the Insurance Laws of the State of  |
| Delaware.  |                                  |  |  |
|  |                                  |  |  |
|  |                                  |  | IN WITNESS WHEREOF,                        |
|  |                                  | I have hereunt   | o set my hand and official seal, at Dover, |
| MAN  |                                  | this 9 <sup>th</sup>                                     | day of <u>December</u> , 20 14             |
| THE HOUSE STATE OF THE STATE OF |                                  |  |  |
|  |                                  |  |  |
| J + /  |                                  |  |  |