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OF COUNSEL  
VINCENT T. EARLY  
HON. C.H. MULLEN  
THOMPSON BENNETT

JOSEPH J. BURGIE  
(1926 - 1992)

December 31, 1996

Eddie Roberson, Executive Secretary  
Tennessee Regulatory Authority  
460 James Robertson Parkway  
Nashville, Tennessee 37243

RE: AMERICAN FARM BUREAU, INC. D/B/A THE FARM BUREAU® CONNECTION<sup>SM</sup>

Dear Mr. Roberson:

Enclosed for filing the Regulatory Authority, please find an original and three (3) copies of the above captioned Corporation's APPLICATION FOR CERTIFICATE TO PROVIDE OPERATOR SERVICES AND/OR RESELL INTEREXCHANGE TELECOMMUNICATION SERVICES, along with a check in the amount of \$50.00 for filing fees relating to same.

Also enclosed is an exact duplicate of this letter. Please date-stamp the duplicate and return same to me in the enclosed postage pre-paid, addressed envelope.

Should you have any questions concerning this filing, please contact me.

Very truly yours,

EARLY, LENNON, PETERS & CROCKER, P.C.

Patrick D. Crocker

PDC/ldt

**TENNESSEE REGULATORY AUTHORITY  
460 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-0505**

**LYNN GREER, CHAIRMAN  
SARA KYLE, DIRECTOR  
MELVIN MALONE, DIRECTOR**

**APPLICATION FOR CERTIFICATE  
TO PROVIDE OPERATOR SERVICES AND/OR  
RESELL INTEREXCHANGE  
TELECOMMUNICATION SERVICES IN TENNESSEE  
[RULE 1220-4-2-.57]**

**SECTION A**

**PART 1: General Information**

**A. Name of Applicant** American Farm Bureau, Inc. d/b/a The Farm Bureau ® Connection <sup>SM</sup>  
**Address** 225 Touhy Avenue, Park Ridge  
**State** Illinois **Zip Code** 60068 **Phone No.** (800) 362-3276

**B. Owner, Partners, or Corporate Officers:**

See Exhibit A

**C. Name and telephone number of Tennessee Contact Person authorized to respond to Commission inquiries Monday through Friday.**

Patrick D. Crocker  
EARLY, LENNON, PETERS & CROCKER, P.C.  
900 Comerica Building  
Kalamazoo, MI 49007-4752  
Telephone: (616) 381-8844  
Fax: (616) 349-8525

**D. List a toll-free telephone number that consumers can call to report service problems and/or request refunds or adjustments.**

1-800-362-3276

(To be filled out by TRA)

Company ID Number

Date Approved

Evaluator

97-25  
125194

**E. Check the type of telecommunication services you plan to provide in Tennessee.**

☒ Resell Interexchange long distance services

☐ Resell Local Exchange services

☐ Operator Services

☐ Other (describe below) \_\_\_\_\_

**F. If providing operator services, list company name, address and contact person for all reseller carriers you serve in Tennessee. Provide the above information on Appendix I.**

Not Applicable

**G. List the state(s) you are authorized to operate in at this time.**

Applicant is currently seeking authority to provide the resale of telecommunications services throughout the United States. Applicant currently has the authority to provide intrastate services in a number of States that do not regulate the resale of telecommunications services.

**H. List any states that you have been denied authority to provide service.**

Applicant has not been denied authority to operate in any state.

**I. Areas in Tennessee to be served.**

Applicant will provide service in all equal access areas within Tennessee.

**J. What type of customers will the company serve?**

a. Business ☒

b. Residential ☒

c. Aggregators \_\_\_\_\_  
(e.g. Hotels, Payphones)

d. Other (specify) \_\_\_\_\_

**K. Do you allow a property imposed fee (PIF) to be added to the price of intrastate telephone calls over your network? If yes, specify amount.**

Not Applicable

**L. Are your prices for intrastate services plus and PIF equal to or less than the dominant carriers price for similar services?**

Not Applicable

**M. Describe the type of services and prices that the Applicant will be offering in Tennessee on the Informational Tariff Form.**

Please see Exhibit B.

**N. What is the applicant's 10XXX or 800 access code?**

1-800-362-3276

**O. Does the applicant now have or plan to have any telecommunication's facilities (e.g. switches, fiber lines) in Tennessee?**

No.

**P. What facility-based network will the applicant be reselling?**

AT&T

**Q. Will the applicant be utilizing the local telephone company's billing system or billing customers direct?**

Applicant will use the local telephone company's billing system.

**R. Describe briefly how the applicant plans to market their service in Tennessee? If an independent telemarketer is going to be used state company name and address.**

N/A

**S. Describe the procedures the applicant will use to switch a consumer's preferred interexchange service.**

Letter of Agency

**T. Applicant has the ability and agrees to honor the form of call blocking that the consumer has subscribed to with their local telephone company?**

☒ Yes ☐ No

**U. Applicant gives permission to the local telephone company to provide the Commission a periodic sample of the reseller's intrastate toll calls. The purpose of this analysis is to audit the reseller's rates to assure they are at or below the dominant carrier's tariffed rates.**

☒ Yes ☐ No

**PART II: Organization Structure**

**A. Type of Organization**

Individual\_\_\_\_\_ Corporation ☒

Partnership\_\_\_\_\_ Other (Explain on separate sheet)\_\_\_\_\_

**B. Attached as Exhibit C.**

(1) Attach a copy of Articles of Incorporation and current by-laws.

**Attached as Exhibit D.**

(2) Attach a copy of Certification of Authority issued by Tennessee Secretary of State showing corporation's authority in business in Tennessee.

**PART III: Financial Information**

Applicant attaches a copy of its most recent financial statements as Exhibit E.

**PART IV: Display Card**

Attach a copy of the display card to be placed on the aggregators telephone which shows what operator services are to be provided. The card must contain all required information listed in the attached Rule (1220-4-2-.57,B), which includes a toll-free number consumers can call for service problems and refunds.

Not Applicable

**PART V: Rule Compliance Agreement**

**A. The Interexchange reseller or Operator Service Provider applicant, hereby, affirms the following:**

- **Has received, read, and understands the Tennessee Public Service Commission's (TPSC) Interexchange Reseller Rules and Regulations, (Appendix III)**
- **Understands the penalties for non-compliance and all associated fees to provide such service.**
- **Will comply with the TPSC interexchange Reseller Rules and all other applicable Commission Rules and state laws, including T.C.A. Section 65-5-206 (Appendix IV).**
- **That all information provided in the attached registration document is true to the best of my knowledge.**

American Farm Bureau, Inc. d/b/a The Farm Bureau® Connection<sup>SM</sup>

Company Name

Date: 12/26/96

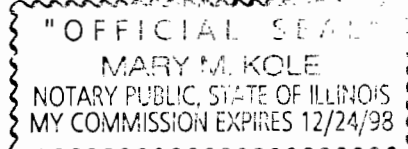
William H. Broderick

Treasurer

Title

Subscribed and sworn before me this 26th day of December, 1996

Mary M. Kole  
Notary Public





**To all to whom these Presents Shall Come, Greeting:**

**Whereas,** ARTICLES OF INCORPORATION OF AMERICAN FARM BUREAU, INC. INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE BUSINESS CORPORATION ACT OF ILLINOIS, IN FORCE JULY 13, A.D. 1933.

*Now Therefore, I, Jim Edgar, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.*

**In Testimony Whereof,** *I thereto set my hand and cause to be affixed the Great Seal of the State of Illinois.*



*at the City of Springfield, this* 23<sup>RD</sup>  
MARCH 83  
*day of* AD 19*and*  
*of the Independence of the United States* 7<sup>TH</sup>  
*the two hundred, and*

*Jim Edgar*  
\_\_\_\_\_  
SECRETARY OF STATE

26556115

Filing Requirements — Present 2 originally signed and fully executed copies in exact duplicate

For Inserts — Use White Paper — Size 8½ x 11

(Do not write in this space)

Date Paid 2-23-82  
 Initial License Fee \$ 75.00  
 Franchise Tax \$ 1,250.00  
 Filing Fee \$ 2,500.00  
75.00  
 Clerk 3,825.00

TO: JIM EDGAR, Secretary of State

I/We, the incorporator(s), being one or more natural persons of the age of twenty-one years or more or a corporation for the purpose of forming a corporation under "The Business Corporation Act" of the State of Illinois, do hereby adopt the following Articles of Incorporation:

ARTICLE ONE The name of the corporation is: American Farm Bureau, Inc.

ARTICLE TWO The name and address of the initial registered agent and registered office are:  
 Registered Agent John Joseph Rademacher  
                                     First Name                    Middle Name                    Last Name  
 Registered Office 225 Touhy Avenue  
                                     Number                    Street                    (Do not use P.O. Box)                    Suite #  
                                     Park Ridge, Illinois 60068  
                                     City                    Zip Code                    County

ARTICLE THREE The duration of the corporation is ☒ perpetual OR \_\_\_\_\_ years.

ARTICLE FOUR The purposes for which the corporation is organized are:

To furnish general business and management services of every kind and character to other persons, firms and corporations engaged in business; to act as the agent of such persons, firms or corporations in furnishing such services; to manufacture and produce and to directly or as agent engage in the purchase and sale of goods, commodities and products.

ARTICLE FIVE Paragraph 1: The number of shares which the corporation shall be authorized to issue, itemized by class, series and par value, if any, is

Class	Series	*Par Value per share	Number of shares authorized
Common	None	NPV	10,000

Paragraph 2: The preferences, qualifications, limitations, restrictions and the special or relative rights in respect of the shares of each class are:

Directors are hereby given power to fill vacancies arising between meetings of shareholders by reason of an increase in the number of Directors or otherwise, but at no time during an interim period may the number of Directors selected to fill vacancies in this matter exceed 33 1/3% of the total membership of the Board.

ARTICLE SIX The number of shares which the corporation proposes to issue without further report to the Secretary of State, itemized by class, series, and par value, if any, and the consideration to be received by the corporation therefor (*expressed in dollars*) are:

Class	Series	*Par Value per share	Number of shares to be issued	Total consideration to be received therefor
Common	None	NPV	1,000	\$ 2,500,000.
				\$
				\$
				\$

\*(Use NPV if no Par Value)

Total \$ 2,500,000.

26556115

been received as consideration for the issuance of shares.

ARTICLE EIGHT The number of directors to be elected at the first meeting of the shareholders is 23.

ARTICLE NINE (Complete EITHER A or B)

☒

A. All the property of the corporation is to be located in this State and all of its business is to be transacted at or from places of business in this State, or the incorporator(s) elect to pay the initial franchise tax on the basis of the entire consideration to be received for the issuance of shares.

☐

B. Paragraph 1: It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be \$ \_\_\_\_\_

Paragraph 2: It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ \_\_\_\_\_

Paragraph 3: It is estimated that the gross amount of business which will be transacted by the corporation during the following year will be \$ \_\_\_\_\_

Paragraph 4: It is estimated that the gross amount of business which will be transacted at or from places of business in the State of Illinois during the following year will be: \$ \_\_\_\_\_

I/WE the incorporator(s) declare that I/we have examined the foregoing Articles of Incorporation and that the statements contained therein are, to the best of my/our knowledge and belief, true, correct and complete. Executed this 8th day of March, 1983.

(Signatures must be in ink. Carbon copy, xerox or rubber stamp signatures are not acceptable.)

NOTE: If a corporation acts as incorporator the name of the corporation and the state of incorporation shall be shown and the execution must be by its President or Vice-President and verified by him, and the corporate seal shall be affixed and attested by its Secretary or an Assistant Secretary.

Signature and Names  
AMERICAN FARM BUREAU FEDERATION  
Signature Robert Delano, President  
ATTESTED John C. Watt  
Signature John C. Watt  
Name (please print) JOHN C. WATT  
1983 APR 4 AM 10 27

Post Office Address

1. 225 Touhy Avenue  
Street  
Park Ridge, Illinois 60068  
City/Town State Zip  
2. \_\_\_\_\_  
Street  
City/Town State Zip  
3. \_\_\_\_\_  
Street  
City/Town State Zip

3.

Signature

Name (please print)

APR-4-83 7 43 53 6

ARTICLES OF INCORPORATION

under the

BUSINESS CORPORATION ACT

For determination of proper fees please consult The Business Corporation Act.

FILED  
MAR 28 1983  
JIM EDGAR  
Secretary of State

MAIL TO JOHN RADEMACHEK  
225 TOUHY  
PARK RIDGE, ILL 60068

RETURN TO:

Corporation Department  
Secretary of State  
Springfield, Illinois 62756  
Telephone (217) 782-6961



# Secretary of State

## Corporations Section

James K. Polk Building, Suite 1800

Nashville, Tennessee 37243-0306

DATE: 11/20/96  
REQUEST NUMBER: 3244-2281  
TELEPHONE CONTACT: (615) 741-0537  
FILE DATE/TIME: 11/20/96 1025  
EFFECTIVE DATE/TIME: 11/20/96 1025  
CONTROL NUMBER: 0321076

TO:  
AMERICAN FARM BUREAU, INC.  
JEROME J WERDERITCH  
225 TOUHY AVENUE  
PARK RIDGE, IL 60068

RE:  
AMERICAN FARM BUREAU, INC.  
APPLICATION FOR CERTIFICATE OF  
AUTHORITY - FOR PROFIT

WELCOME TO THE STATE OF TENNESSEE. THE ATTACHED CERTIFICATE OF  
AUTHORITY HAS BEEN FILED WITH AN EFFECTIVE DATE AS INDICATED ABOVE.

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THE SECRETARY OF STATE  
ON OR BEFORE THE FIRST DATE OF THE FOURTH MONTH FOLLOWING THE CLOSE OF THE  
CORPORATION'S FISCAL YEAR. PLEASE PROVIDE THIS OFFICE WITH WRITTEN  
NOTIFICATION OF THE CORPORATION'S FISCAL YEAR. THIS OFFICE WILL MAIL THE  
REPORT DURING THE LAST MONTH OF SAID FISCAL YEAR TO THE CORPORATION AT THE  
ADDRESS OF ITS PRINCIPAL OFFICE OR TO A MAILING ADDRESS PROVIDED TO THIS  
OFFICE IN WRITING. FAILURE TO FILE THIS REPORT OR TO MAINTAIN A REGISTERED  
AGENT AND OFFICE WILL SUBJECT THE CORPORATION TO ADMINISTRATIVE REVOCATION  
OF ITS CERTIFICATE OF AUTHORITY.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR  
FILING, PLEASE REFER TO THE CORPORATION CONTROL NUMBER GIVEN ABOVE.

FOR: APPLICATION FOR CERTIFICATE OF  
AUTHORITY - FOR PROFIT

ON DATE: 11/20/96

FROM:  
AMERICAN FARM BUREAU, INC.  
225 TOUHY AVENUE  
PARK RIDGE, IL 60068-0000

	FEES	
RECEIVED:	\$300.00	\$300.00
TOTAL PAYMENT RECEIVED:		\$600.00
RECEIPT NUMBER:	00002033841	
ACCOUNT NUMBER:	00249017	



*Riley C. Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE