

F06000002153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

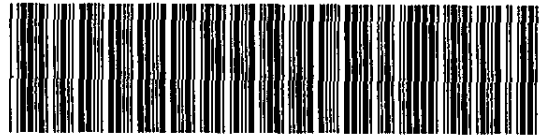
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4106-15362

Polsinelli | Shalton Welte | Suelthaus_{PC}

700 West 47th Street, Suite 1000 | Kansas City, MO 64112-1802
(816) 753-1000 | Facsimile: (816) 753-1536 | www.pswslaw.com

Jeanie A. Botkin
(816) 360-4110
jbotkin@pswslaw.com

March 27, 2006

Florida Department of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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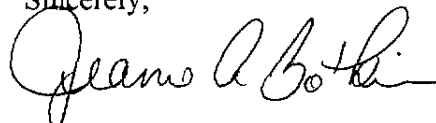
**Re: Cardif Property and Casualty Insurance Company
Certificate of Status**

Ladies and Gentlemen:

Enclosed please find the originally executed Application by Foreign Corporation for Authorization to Transact Business in Florida for the above referenced company, and filing fee of \$87.50.

Should you have any questions or comments, please contact me.

Sincerely,



Jeanie A. Botkin, Esq.

JAB:SEM

049729 / 105032
JABOT 1326177



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2006

JEANIE A. BOTKIN, ESQ.
700 W 47TH ST STE 1000
KANSAS CITY, MO 64112

SUBJECT: CARDIF PROPERTY AND CASUALTY INSURANCE COMPANY
Ref. Number: W06000015362

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock
Document Specialist

Letter Number: 406A00021746

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Cardif Property and Casualty Insurance Company
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida,"
"Certificate of Existence," and check are submitted to register the above referenced foreign corporation to
transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jeanie A. Botkin

(Name of Person)

Polsinelli Shalton Welte Suelthaus PC

(Firm/Company)

700 W. 47th Street, Suite 1000

(Address)

Kansas City, MO 64112

(City/State and Zip code)

For further information concerning this matter, please call:

Jeanie A. Botkin

(Name of Person)

at 816, 360-4110

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Cardif Property and Casualty Insurance Company

(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Texas

(State or country under the law of which it is incorporated)

3. 75-6015738

(FEI number, if applicable)

4. March 14, 1961

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1614 Sidney Baker Street, Kerrville, TX 78028-2640

(Principal office address)

14000 SW 119th Avenue, Suite 207, Miami, FL 33186

(Current mailing address)

8. Property and Casualty Insurance Company

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Michael J. Casale

Office Address:

14000 SW 119th Avenue, Suite 207

Miami

(City)

Florida 33186

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Please see attached addendum for complete list of directors.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Please see attached addendum for complete list of officers.

Address: _____

Vice President: _____

Address: _____

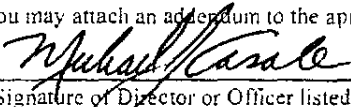
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13 
(Signature of Director or Officer listed in number 12 of the application)

14 MICHAEL J. CASALE PRESIDENT
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA - ADDENDUM**

12. Names and business addresses of officers and/or directors:

A. Directors of Cardif Property and Casualty Insurance Company:

Manuel J. Millor - Chairman
14000 SW 119th Avenue, Suite 207
Miami, FL 33186

Michael J. Casale - Director
14000 SW 119th Avenue, Suite 207
Miami, FL 33186

Kenneth W. Furlow - Director
14000 SW 119th Avenue, Suite 207
Miami, FL 33186

Michael D. Ginsberg - Director
14000 SW 119th Avenue, Suite 207
Miami, FL 33186

John K. Wierman - Director
14000 SW 119th Avenue, Suite 207
Miami, FL 33186

Vincent G. Manning - Director
14000 SW 119th Avenue, Suite 207
Miami, FL 33186

James F. Kmec - Director
19800 Mac Arthur Blvd., Suite 250
Irvine, CA 92612

B. Officers of Cardif Property and Casualty Insurance Company

Manuel J. Millor - Chief Executive Officer
14000 SW 119th Avenue, Suite 207
Miami, FL 33186

Michael J. Casale - President, Chief Operating Officer and Secretary
14000 SW 119th Avenue, Suite 207
Miami, FL 33186

Kenneth W. Furlow - Senior Vice President and Chief Marketing Officer
14000 SW 119th Avenue, Suite 207
Miami, FL 33186

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA - ADDENDUM**

Michael D. Ginsberg - Vice President and Treasurer
14000 SW 119th Avenue, Suite 207
Miami, FL 33186

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TALLAHASSEE, FLORIDA

**Texas Department of Insurance**

Financial, Company Licensing & Registration, Mail Code 305-2C
333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104

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TALLAHASSEE, FLORIDA

STATE OF TEXAS §
 §
COUNTY OF TRAVIS §

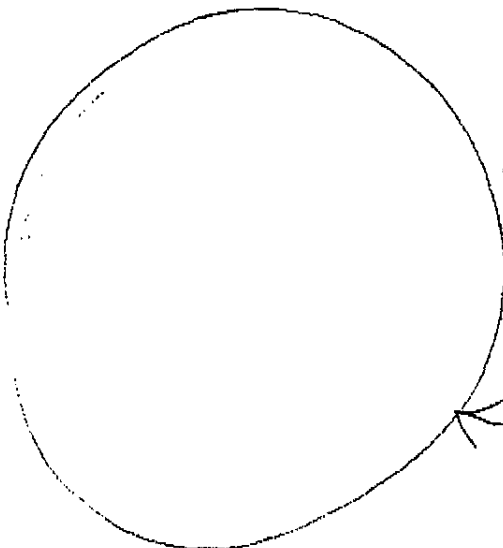
The Commissioner of Insurance, as the chief administrative and executive officer and custodian of records of the Texas Department of Insurance has delegated to the undersigned the authority to certify the authenticity of documents filed with or maintained by or within the custodial authority of the Company Licensing & Registration Division of the Texas Department of Insurance.

Therefore, I hereby certify that the attached documents are true and correct copies of the documents described below. I further certify that the documents described below are filed with or maintained by or within the custodial authority of the Company Licensing & Registration Division of the Texas Department of Insurance.

Current Certificate of Authority for CARDIF PROPERTY AND CASUALTY INSURANCE COMPANY, Kerrville, Texas No. 13946 dated October 28, 2005, consisting of one (1) page.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this 2nd day of February 2006.

MIKE GEESLIN
COMMISSIONER OF INSURANCE

BY: Jeff Hunt

Jeff Hunt, Admissions Officer
Company Licensing & Registration Division
Order No. 00-1002

There is the Seal of
the TX Dept of Insurance
here (This is a copy of
the original which
will be sent to your
office
that would
show up on
the fax)

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Texas Department of Insurance

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate No. 13946

Company No. 07-043070

Certificate of Authority

THIS IS TO CERTIFY THAT

CARDIF PROPERTY AND CASUALTY INSURANCE COMPANY

KERRVILLE, TEXAS

has complied with the laws of the State of Texas applicable thereto and is hereby authorized to transact the business of

Fire; Allied Coverages; Hail-growing crops only; Rain; Inland Marine; Ocean Marine; Aircraft--Liability & Physical Damage; Accident; Health; Workers' Compensation & Employers' Liability; Employers' Liability; Automobile--Liability & Physical Damage; Liability other than Automobile; Fidelity & Surety; Glass; Burglary & Theft; Forgery; Boiler & Machinery; Credit; Livestock and Reinsurance on all lines authorized to be written on a direct basis

insurance within the state of Texas. This Certificate of Authority shall be in full force and effect until it is revoked, canceled or suspended according to law.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this

28th day of October A.D. 2005

MIKE GEESLIN
COMMISSIONER OF INSURANCE

BY

Godwin Ohaechesi
Godwin Ohaechesi, Director
Company Licensing & Registration