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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

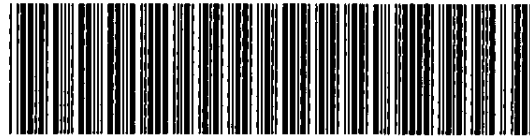
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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PS sf/10/12



7000 Midland Boulevard
Amelia, OH 45102 2607

July 31, 2012

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

Re: Application by Foreign Corporation for Authorization to Transact Business in Florida –
Specialty Insurance Services Corporation

Dear Madam or Sir:

Specialty Insurance Services Corporation submits the following documents in order to apply for admission to conduct the business of independent claims adjusting services in Florida:

- Cover Letter required by the Division of Corporations.
- Application.
- Certificate of existence authenticated by the Ohio Secretary of State.
- Resolution of the Board of Directors to Adopt an Alternate Name for Use in Florida (Specialty Insurance Claim Services Corp.).
- Check for \$105, representing the \$70 filing fee plus the \$35 alternate name fee.

If you have any questions or need anything further in connection with our application, **please contact me directly**. Thank you.

Sincerely,

A handwritten signature in black ink that reads 'Lori Crable'.

Lori Crable, Corporate Paralegal
(P): (513) 947-5223 / (F): (513) 947-4632
E-mail: LCrable@amig.com

4s
Encl.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Specialty Insurance Services Corporation
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," or "Certificate of Good Standing" 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:

Lori Crable
Name of Person
Specialty Insurance Services Corporation
Firm/Company
7000 Midland Boulevard
Address
Amelia, OH 45102
City/State and Zip code
Lcrable@amig.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Crable at (513) 947-5223
Name of Person 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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO ADOPT AN
ALTERNATE NAME FOR USE IN FLORIDA**

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Michael Flowers, do hereby certify
(Name)

that this Resolution of the Board of Directors of _____

Specialty Insurance Services Corporation
(Name of Corporation)

a corporation duly organized and existing under the laws of Ohio,
(State or Country)

was adopted on July 24, 2012, adopting the alternate

name of Specialty Insurance Claim Services Corp.
(Alternate Name) NOTE: Must contain a corporate suffix)

for use in Florida as its real name is unavailable in Florida.

Date: 7/31/12

Michael Flowers
Signature of Chairman, Vice Chairman of the Board, a
director or any officer

VP/Secretary
Title of person signing

FILING FEE \$35

(No fee required if submitted with a foreign not for profit qualification or amendment)

Make checks payable to Florida Department of State and mail to:

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

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. Specialty Insurance Services Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Specialty Insurance Claim Services Corp.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Ohio 3. 34-1894203
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/17/1999 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Not yet transacting business in Florida.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7000 Midland Boulevard, Amelia, OH 45102
(Principal office address)
P.O. Box 5323, Cincinnati, OH 45201-5823
(Current mailing address)

8. independent claims adjusting services
(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: Registered Agent Solutions, Inc.
Office Address: 155 Office Plaza Drive, Suite A
Tallahassee, Florida 32301
(City) (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.

Heard Dwyer - Secretary
(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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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: Manuel E. Rios

Address: 7000 Midland Boulevard

Amelia, OH 45102

Director: Juergen E. Kammerlohr

Address: 7000 Midland Boulevard

Amelia, OH 45102

B. OFFICERS

President: Manuel E. Rios (also CEO)

Address: 7000 Midland Boulevard

Amelia, OH 45102

Sr. Vice President: Juergen E. Kammerlohr

Address: 7000 Midland Boulevard

Amelia, OH 45102

Secretary: Michael Flowers (also VP)

Address: 7000 Midland Boulevard, Amelia, OH 45102

Treasurer: Matthew J. McConnell (also Sr. VP)

Address: 7000 Midland Boulevard, Amelia, OH 45102

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

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Michael Flowers - VP/Secretary

(Typed or printed name and capacity of person signing application)

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Addendum to Item 12.B. of Application by Foreign Corporation for Authorization to Transact Business in Florida:

Name of corporation: Specialty Insurance Services Corporation
Alternate corporate name: Specialty Insurance Claim Services Corp.

B. OFFICERS

Senior Vice President: John G. Campbell
Address: 7000 Midland Boulevard, Amelia, OH 45102

Senior Vice President: J. Richard Dowd
Address: 7000 Midland Boulevard, Amelia, OH 45102

Senior Vice President: James P. Tierney
Address: 7000 Midland Boulevard, Amelia, OH 45102

Senior Vice President: David C. McNutt
Address: 7000 Midland Boulevard, Amelia, OH 45102

Vice President: Robert P. Crowley
Address: 7000 Midland Boulevard, Amelia, OH 45102

Vice President: William J. Heeb
Address: 7000 Midland Boulevard, Amelia, OH 45102

Vice President: Craig R. Smiddy
Address: 555 College Road East, Princeton, New Jersey 08543

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**United States of America
State of Ohio
Office of the Secretary of State**

*I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show **SPECIALTY INSURANCE SERVICES CORPORATION**, an Ohio corporation, Charter No. 1077675, having its principal location in Amelia, County of Clermont, was incorporated on May 17, 1999 and is currently in **GOOD STANDING** upon the records of this office.*

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*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 27th day of June, A.D. 2012*

Jon Husted

Ohio Secretary of State