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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

W15-60691

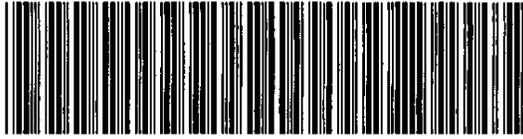
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 22 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2015

DEBORAH GAMBONE
AON INSURANCE MANAGERS (USA) INC.
76 ST. PAUL STREET, SUITE 500
BURLINGTON, VT 05401

SUBJECT: ADM INSURANCE COMPANY
Ref. Number: W15000066691

We have received your document for ADM INSURANCE COMPANY and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

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.

CUS must be from State of Arizona corporation commission.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 315A00021245

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ADM 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," 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:

Deborah Gambone
Name of Person

Aon Insurance Managers (USA), Inc. on behalf of ADM Insurance Company
Firm/Company

76 St. Paul Street, Suite 500
Address

Burlington, VT 05401
City/State and Zip code

kyle.metayer@aon.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Gambone at (802) 264-4584
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

ADM INSURANCE COMPANY

*c/o Aon Insurance Managers (USA) Inc.
Telephone: 802-652-1566*

*76 St. Paul Street, Suite 500, Burlington, VT 05401-4477
Facsimile: 802-860-0440*

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

18 September 2015

VIA FEDERAL EXPRESS

Re: Application by Foreign Corporation for Authorization to
Transact Business in Florida for ADM Insurance Company

Dear Sir, Madame:

Please find enclosed an Application by ADM Insurance Company for Authorization to Transact Business in Florida. Included with the completed Application is an originally certified Certificate of Compliance from the State of Arizona, a check in the amount of \$87.50 to cover the Filing Fee, Certificate of Status and Certified Copy, and the COVER letter to the Application packet.

If you have any questions or concerns, please do not hesitate to contact me at (802) 264-4584, at the address above, or at deborah.gambone@aon.com.

Sincerely,



Deborah Gambone
Compliance Manager
Aon Insurance Managers as Managers for
ADM Insurance Company

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. ADM 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. Arizona

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

3. 93-0924247

(FEI number, if applicable)

4. June 17, 1986

(Date of incorporation)

5. Perpetual

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

6. None - have not transacted 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. 2555 East Camelback Road, Suite 700, Phoenix, AZ 85016 (Statutory Home Office)

(Principal office address)

76 St. Paul Street, Suite 500, Burlington, VT 05401 (Main Administrative Office and Mailing Address)

(Current mailing address)

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

Name: CT Corporation

Office Address: 1200 South Pine Island Road, Suite 250

Plantation, Florida 33324

(City)

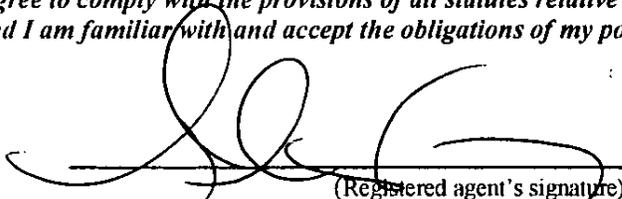
(Zip code)

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9. 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)

Angel Nunez
Assistant Secretary

10. 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.

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

A. DIRECTORS

Chairman: Michael T. Scott

Address: 4666 Faries Parkway

Decatur, IL 62526

Vice Chairman: Ray Guy Young

Address: 4666 Faries Parkway

Decatur, IL 62526

Director: Vikram Luthar; John P. Stott; Christopher Boerm

Address: 4666 Faries Parkway

Decatur, IL 62526

Director: Peter A. Joy

Address: 76 St. Paul Street, Suite 500

Burlington, VT 05401

B. OFFICERS

President: Michael T. Scott

Address: 4666 Faries Parkway

Decatur, IL 62526

Vice President: Peter A. Joy (also holds position of Assistant Secretary)

Address: 76 St. Paul Street, Suite 500

Burlington, VT 05401

Secretary: Ray Guy Young

Address: 4666 Faries Parkway, Decatur, IL 62526

Treasurer: Michael T. Scott

Address: 4666 Faries Parkway, Decatur, IL 62526

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

12. _____
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.

13. Peter A. Joy, Vice President and Assistant Secretary
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Applicant Name: ADM INSURANCE COMPANY

NAIC No. 33987

FEIN: 93-0924247

Uniform Certificate of Authority Application (UCAA)
CERTIFICATE OF COMPLIANCE

State of ARIZONA Office of DIRECTOR OF INSURANCE
(Domiciliary State of Applicant) (Commissioner, Superintendent, Officer)

I, DARREN T. ELLINGSON, hereby certify that I am the*
(Name)
ACTING DIRECTOR OF INSURANCE of the State of ARIZONA
(Position)

and have supervision of insurance business in said State and as such I hereby certify that

ADM INSURANCE COMPANY
(Name of Insurer)

of Phoenix, Arizona is duly organized under the laws of said State and is
(City/State)

authorized to transact the business of CASUALTY WITHOUT WORKERS' COMPENSATION,
DISABILITY, MARINE AND TRANSPORTATION, PROPERTY, SURETY AND VEHICLE
(Line of Insurance)**

insurance in this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand at PHOENIX, ARIZONA
(Location)

on this 31st day of August, A.D. 2015.
(Month)

Darrell Ellingson
(Signature)

DARREN T. ELLINGSON
(Printed Name)

* Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.

** Lines of Insurance as shown on Form 3 of UCAA

