# 760000002874

TO: QUALIFICATION/REGISTRATION SECTION DIVISION OF CORPORATIONS

800001850928 -06/04/96--01169--008 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: PAULA Insurance Company	- 11874
(Name of corporation)	<del></del> F196-11874
Dear Sir or Madam:	to Transact Business in
The enclosed "Application by Foreign Corporation for Authorization Florida", "Certificate of Existence", and check are submitted to regis foreign corporation to transact business in Florida.	1 1
Please return all correspondence concerning this matter to the following	ישיי וי
Bradley K. Serwin	ON SECRETAIN OF A SEC
(Name of Person)	SE SE
PAULA Insurance Company	
(Firm/Company)	
300 N. Lake Ave., Ste. 300 (Address)	OF STALL OF
Pasadena, CA 91101	S AA
(City, State and Zip Code)	Sign
Should you need to call someone concerning this matter, please call:	
Bradley K. Serwin at (818 ) 304 - 1299 (Name of Person) Area Code & DaytimeTelephone I	Number

## COURIER ADDRESS:

Qualification/Registration Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

## MAILING ADDRESS:

Qualification/Registration Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



June 5, 1996

BRADLEY K. SERWIN PAULA INSURANCE COMPANY 300 N. LAKE AVE. SUITE 300 PASADENA, CA 91101

SUBJECT: PAULA INSURANCE COMPANY

Ref. Number: W96000011874

We have received your document for PAULA INSURANCE COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the street address of each officer/director. If the officer/director does not have a street address, list the mailing address and write (N/A).

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 (904) 487-6958.

Lee Rivers Document Examiner

Letter Number: 396A00028039

## PAULA Financial

300 North Loke Ave., Suite 300

Fasadena, CA 91101

318-304-1247

Fac: 813-304-1056

#### FAX TRANSMISSION COVER SHEET

Dote:

06/10/25

To:

Mr. Lee Rivers

Florida Dapt. of State - Division of Corporations

Fore

904-487-6013

Re:

FAULA Insurance Company Application - incomplete documents

Sander

Grass Fross

YOU SHOULD RECEIVE 3 PAGE(5), INCLUDING THIS COVER SHEET. IF YOU DO NOT RECEIVE ALL THE FAGES, PLEASE CALL 818-304-1247.

I would approise a call if you have any questions or if further documentation

is required. My direct line is (318) 304-01247. Thank you.

# 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. PAULA Insurance Company				
1. PAULA Insurance Company (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natival person or partnership if not so contained in the name at present.)				
or partnership if not so contained in the name at present.)				
2. California 3. 95-2905032 5 787 (State or country under the law of which it is incorporated) (FEI number, if applicable)				
(State or country under the law of which it is incorporated) ( PET fulliber, if applicable)				
4. Septmeber 4, 1974  (Date of Incorporation)  5. Perpetual  (Duration: Year corp. will cease to exist or "perpetual")				
6. Expected to commence in 4th Quarter 1996				
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)				
7. 300 North Lake Avenue, Suite 300				
Pasadena, CA 91101 (Current mailing address)				
(Concil Hitting addition)				
8. Insurance Company (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)				
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)				
9. Name and street address of Florida registered agent:				
Name: <u>Insurance Commissioner</u>				
Office Address: Capitol				
Tallahassee , Florida , 32399-0300				
(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.				
······································				
Insurance Commissioner				
Insurance Commissioner (Registered agent's signature)				
(Registered agent's signature)				
Insurance Commissioner  (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				

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

۹.	DIRECTORS			
	Chairman: Please see attached list			
	Address:			
	Vice Chairman:			
	Address:			
	Director:			
	Address:			
	Director:			
	Address:			
В.	OFFICERS			
	President: Please see attached list		•	
	Address:			
	Vice President:		·	
	Address:			
				•
	Secretary:		•	
	Address:		•	
	Treasurer:		<b></b> .	
	Address:		-	*
			- .tina-additional (	officers
NC and	OTE: If necessary, you may attach an addendum to	the application lis	ung additional (	) (III.OG) 3
QI N				

4. Bradley K. Serwin, General Counsel, Vice President and Secretary (Typed or printed name and capacity of person signing application)

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

## PAULA INSURANCE COMPANY OFFICERS AND DIRECTORS AS OF APRIL 25, 1996

Director/Chairman/President/CEO

Director/Sr. Vice President/COO

Director/Sr. Vice President/CFO/Treasurer

Director/Vice President/Corporate Controller

Director/Sr. Vice President

Director/Vice President/General Counsel/

Secretary

Director/Vice President

Vice President (Officer only)

Vice President of Field Services (Officer only)

Jeffrey A. Snider

Andrew M. Slavitt

James A. Nicholson

Theodore S. Clement

Victor Gloria III

Bradley K. Serwin

James M. Hannah

Vicki L. Lyons

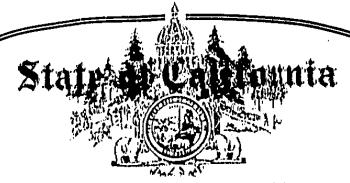
Abel Almanza

96 JUN 10 AKII: 51

## TAULA INSURANCE COMTAIN OFFICERS AND DIRECTORS AS OF AFRIL 25, 1996

Director/Chalrman/Fresident/CZO	Joffrey A. Snider 300 North Lake Avenue, Suite 300 Pasadenn, CA 91101	
Directox/Sr. Vice President/COO	Andrew M. Slavitt 300 North Lake Avenue, Suite 300 Fesadona, CA 91101	1 KIN 96
Director/Sr. Vice Fresident/CFO/Treasurer	James A. Nicholson 200 North Lake Avenue, Suite 300 Fanadenn, CA 91101	10 AHII:51
Director/Vice President/Corporate Controller	Theodore S. Clement 300 North Lake Avenue, Suite 300 Pasadena, CA 91101	<u>5</u>
Director/Sr. Vice President	Victor Gioria III 300 North Lake Avenue, Suite 300 Pasadena, CA 91101	
Director/Vice Fresident/General Counsel/ Secretary	Bradley K. Serwin  300 North Lake Avenue, Suite 300 Fasadena, CA 91101	
Director/Vice Fresident	James M. Hannah 300 North Lake Avenue, Suite 300 Pasadena, CA 91101	
Vice Fresident (Officer only)	Vicki L. Lyons 300 North Lake Avenue, Suite 300 Pasadena, CA 91101	÷
Vico President of Field Services (Officer only)	Abel Almanza 360 W. 20th Street, Suite C Yuma, AZ 85364	

P1C076.000



## SECRETARY OF STATE

## CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the \_\_\_\_4th \_\_\_\_ day of \_\_\_\_\_ September \_\_\_\_,

PAULA INSURANCE COMPANY

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

May 28, 1996

Billyones

Secretary of State