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TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

SUBJECT: CONTEMPORARY AMERICAN INSURANCE COMPANY
(Name of corporation - must include suffix)

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-09/17/98--01063--001
*****70.00 *****70.00

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:

GENINA CONSALVI
(Name of Person)

GREAT AMERICAN INSURANCE COMPANY
(Firm/Company)

580 WALNUT STREET
(Address)

CINCINNATI, OHIO 45202
(City, State and Zip Code)

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Should you need to call someone concerning this matter, please call:

GENINA CONSALVI At (513) 369-5747
(Name of Person) Area Code & Daytime Telephone Number

mtu
9/17

COURIER ADDRESS:
Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Qualification/Tax Lien Sec.
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

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

1. CONTEMPORARY AMERICAN 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
natural person or partnership if not so contained in the name at present.)

2. ILLINOIS (USA) 3. 36-4079497
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. APIRL 16, 1996 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A - COMPANY HAS NEVER TRANSACTIONED BUSINESS IN FLORIDA
(Date first transactioned business in Florida.) (See sections 607.1501, 605.1502, and 817.155, F.S.)

7. 580 WALNUT STREET
CINCINNATI, OHIO 45202
(Current mailing address)

8. TRANSACTION PROPERTY/CASUALTY INSURANCE
(Purpose(s) of corporation authorized in home state or country to be carried out of the state of Florida)

9. Name and street address of Florida Registered agent:

Name: Insurance Commissioner

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

(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 addresses of officers and/or directors: (Street address ONLY – P.O. Box NOT acceptable)

A. DIRECTORS (Street address only – P.O. Box NOT acceptable)

Chairman: SEE ATTACHED LIST

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only – P.O. Box NOT acceptable)

President: _____

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

14. EVE CUTLER ROSEN, VICE PRESIDENT
(Typed or printed name and capacity of person signing application)

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CONTEMPORARY AMERICAN INSURANCE COMPANY

OFFICERS AND DIRECTORS

NAME	TITLE	ADDRESS
Robert F. Amory	Director, Sr. Vice President & Treasurer	580 Walnut Street Cincinnati, OH 45202
Thomas A. Hayes	Director	580 Walnut Street Cincinnati, OH 45202
Karen Holley Horrell	Director, Sr. Vice President, General Counsel & Secretary	580 Walnut Street Cincinnati, Ohio 45202
John R. Light	Director	1515 Woodfield Avenue Suite 500 Schaumburg, IL 60173
Carl H. Lindner III	Director, Chairman & President	580 Walnut Street Cincinnati, OH 45202
John R. Miner	Director, Sr. Vice President	49 East 4 th Street Cincinnati, Ohio 45202
Michael D. Pierce	Director	1515 Woodfield Avenue Suite 500 Schaumburg, IL 60173
William C. Woods	Director	1515 Woodfield Avenue Suite 500 Schaumburg, IL 60173
John L. Doellman	Vice President & Actuary	580 Walnut Street Cincinnati, OH 45202
Allen F. Eling	Vice President	580 Walnut Street Cincinnati, OH 45202
Eve Cutler Rosen	Vice President & Assistant Secretary	580 Walnut Street Cincinnati, OH 45202
Roger Smith	Vice President & Controller	580 Walnut Street Cincinnati, OH 45202
Kathleen Brown	Assistant Vice President	One East 4 th Street Cincinnati, OH 45202
Paul G. Friedmann	Assistant Vice President & Assistant Treasurer	580 Walnut Street Cincinnati, OH 45202
Ronald C. Hayes	Assistant Vice President & Assistant Secretary	580 Walnut Street Cincinnati, OH 45202
Robert H. Schwartz	Assistant Vice President & Assistant Controller	580 Walnut Street Cincinnati, OH 45202
Robert J. Schweikert	Assistant Vice President	580 Walnut Street Cincinnati, OH 45202
Thomas E. Mischell	Assistant Treasurer	One East 4 th Street Cincinnati, OH 45202
Fred J. Runk	Assistant Treasurer	One East 4 th Street Cincinnati, OH 45202

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STATE OF INDIANA

OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

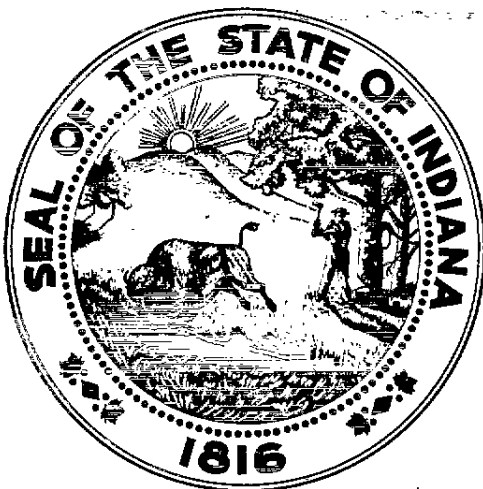
I further certify that records of this office disclose that

EDEN PARK INSURANCE COMPANY

filed Articles of Incorporation on January 08, 1990, and is a corporation duly organized and existing under and by virtue of the laws of the State of Indiana.

I further certify this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or is not required to file such annual reports, and that Articles of Dissolution have not been filed.

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In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twenty-seventh day of July, 1998.

Sue Anne Gilroy

SUE ANNE GILROY, Secretary of State

[Signature]
Deputy