

F04000004281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

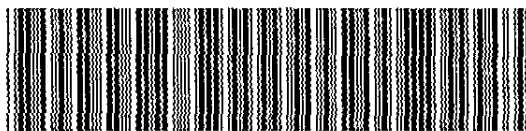
(Document Number)

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06/14/04--01080--005 **87.50

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DIVISION OF CORPORATIONS
04 JUL 22 PM 2:09



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 16, 2004

NANCY REESE
PO BOX 4479
HOUSTON, TX 77210-4479

SUBJECT: FINANCIAL CASUALTY & SURETY, INC.
Ref. Number: W04000023206

We have received your document for FINANCIAL CASUALTY & SURETY, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6890.

Jason Merrick
Document Specialist

Letter Number: 504A00040239

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Financial Casualty & Surety, Inc.

A Bail Insurance company
Bail Program Administrative Offices
P.O. Box 4479 --- Houston TX 77210-4479
3131 Eastside Suite 600 --- Houston TX 77098-1919
Toll Free 877-737-2245 Fax 713-580-6401

Nancy (Armintor) Reese
Management
Bail Operations
713-580-6406

July 8, 2004

Jason Merrick
Document Specialist
Division of Corporations
Florida Department of State
PO Box 6327
Tallahassee, Florida 32314

RE: Application for the Registration of a Foreign Corporate Name
Dear Mr. Merrick -

Enclosed you will find our second attempt to file our corporate name. This letter includes a copy of the letter you sent to my office.

Upon receipt of this registration form, please send your letter of acknowledgment to:
Nancy Reese - Manager Bail Operations
Financial Casualty & Surety, Inc.
PO Box 4479
Houston, Texas 77210-4479

Daytime telephone # 713-580-6406

You may also contact ...

Robert Sabo - Sr. Vice-President, COO
Daytime telephone # 713-580-6406

Thanks for your assistance as we work to expand our business

Sincerely,


Nancy (Armintor) Reese
nreese@mfscs.com

KNOWLEDGEABLE, FRIENDLY PEOPLE PROVIDE

Financial Casualty & Surety, Inc.

A Texas Bail Insurance Company

Bail Program Administrative Offices
P.O. Box 4479 --- Houston TX 77210-4479
3131 Eastside Suite 600 --- Houston TX 77098-1919
Toll Free 877-737-2245 Fax 713-580-6401

Nancy (Armintor) Reese
Management
Bail Operations
713-580-6406

June 4, 2004

Division of Corporations
Florida Department of State
PO Box 6327
Tallahassee, Florida 32314

RE: Application for the Registration of a Foreign Corporate Name

Dear Division of Corporations –

Enclosed you will find ...

- Our Application for the Registration of a Foreign Corporate Name
- A certified copy of our Certificate of Compliance and Certificate of Authority from our domicile State of Texas
- Our application fee check for \$87.50

Upon receipt of this registration form, please send your letter of acknowledgment to ...

Nancy Reese – Manager Bail Operations
Financial Casualty & Surety, Inc.
PO Box 4479
Houston, Texas 77210-4479

Daytime telephone # 713-580-6406

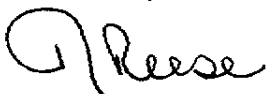
You may also contact ...

Robert Sabo – Sr. Vice-President, COO

Daytime telephone # 713-580-6410

Thanks for your assistance as we expand our business development in Louisiana.

Sincerely,



Nancy (Armintor) Reese
nreese@mfscs.com

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Financial Casualty & Surety, Inc.
(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:

Nancy Reese

(Name of Person)

Financial Casualty & Surety, Inc.

(Firm/Company)

3131 Eastside - Suite 600

(Address)

PO Box 4479

Houston, Texas 77098

(City/State and Zip code)

Houston, Tx 77210

For further information concerning this matter, please call:

Nancy Reese

(Name of Person)

at (713) 580-6406

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

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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

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. Financial Casualty & Surety, Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
~~Financial Casualty & Surety Insurance~~ Company
(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. _____
(FEI number, if applicable)
4. Dec 1989
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 3131 Eastside - Suite 600 Houston Tx 77098
(Principal office address)
PO Box 4479 Houston Tx 77210-4479
(Current mailing address)
8. Bail Surety Insurance
(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 or Mail Drop Box NOT acceptable)
Name: NRAI Services, Inc.
Office Address: 526 E. Park Avenue
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.
NRAI Services, Inc.
By: Edna A. Kocio Asst Sec.
(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.
12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: See attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

Financial Casualty & Surety, Inc.

3131 Eastside - Suite 600 --- Houston, Texas 77098

P.O. Box 4479 --- Houston, Texas 77210-4479

Company Officers & Directors

Myron F. Steves Jr. ----- Chairman of the Board, Director

John L. Garner ----- President, Chief Executive Office, Director

Frederick B. Steves ----- Sr. Vice-President, Secretary, Director


Robert J. Sabo ----- Sr. Vice-President, Chief Operating Officer, Director

James W. Hooker ----- Chief Financial Officer, Treasurer, Director

Philip G. Cabaud III ----- Vice-President, Director

Teresa Steves Skinner ----- Director

Corporate Seal


Signature
Robert J. Sabo
Name
Sr. V.P.
Title
7-7-04
Date

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Applicant Name: FINANCIAL CASUALTY & SURETY, INC

NAIC No. 35009

FEIN: 752304982

Uniform Certificate of Authority Application (UCAA)
Certificate of Compliance

State of TEXAS
(Domiciliary state of applicant)

Office of COMMISSIONER OF INSURANCE
(Commissioner, Superintendent, Officer)

I, JEFF HUNT, hereby certify that I am the*
(name)
ADMISSIONS OFFICER of the State of TEXAS
(position)

and have supervision of insurance business in said State and as such I hereby certify that
FINANCIAL CASUALTY & SURETY, INC.
(name of Insurer)

of HOUSTON, TEXAS is duly organized under the laws of said State and is
(city/state)

authorized to transact the business of SEE ATTACHED CERTIFICATE OF AUTHORITY
(line of insurance)**

IN TESTIMONY WHEREOF, I have hereunto set my hand at _____ insurance in this State.
AUSTIN, TEXAS
(location)

on this 28TH day of APRIL 2004
(month)

(signature)

JEFF HUNT
(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

Texas Department of Insurance



Certificate No. 13218

Company No. 07-005387

Certificate of Authority

THIS IS TO CERTIFY THAT

FINANCIAL CASUALTY & SURETY, INC.

HOUSTON, 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

30th day of September A.D. 2002

JOSE MONTEMAYOR
COMMISSIONER OF INSURANCE

BY

Godwin Ohaechesi
Godwin Ohaechesi, Director
Company Licensing & Registration