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00789-00611-00671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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W05-27594



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05/25/05--01035--026 \*\*78.75

MJH

05 JUN 15 PM 0:52

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Victoria 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," 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:

Melissa Wright

(Name of Person)

Victoria Insurance Company

(Firm/Company)

30833 Northwestern Hwy., Suite 220

(Address)

Farmington Hills, Michigan 48334

(City/State and Zip code)

For further information concerning this matter, please call:

Melissa Wright

(Name of Person)

at ( 248 ) 539-6025

(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

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|---|---|



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 3, 2005

MELISSA WRIGHT  
VICTORIA INSURANCE COMPANY  
30833 NORTHWESTERN HWY., SUITE 220  
FARMINGTON HILLS, MI 48334

SUBJECT: VICTORIA INSURANCE COMPANY  
Ref. Number: W05000027594

We have received your document for VICTORIA 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):

The registered agent must sign accepting the designation.

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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 405A00039468

**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. Victoria 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. Texas 3. 23-0597040  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 16, 1987 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2301 E. Lamar Blvd., 5th Floor, Arlington, TX 76006  
(Principal office address)

30833 Northwestern Hwy., Suite 220, Farmington Hills, MI 48334  
(Current mailing address)

8. 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 NOT acceptable)

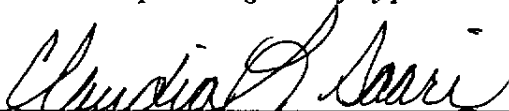
Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*

  
(Registered agent's signature)

**Claudia L. Saari**  
**Asst. Secretary**

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:

05 JUN 1987 AM 8:52

## A. DIRECTORS

Chairman: Alan J. Kaufman

Address: 30833 Northwestern Hwy., Suite 220  
Farmington Hills, MI 48334

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: William M. McCord

Address: 30833 Northwestern Hwy., Suite 220  
Farmington Hills, MI 48334

Director: Steven P. Kiernan

Address: 30833 Northwestern Hwy., Suite 220  
Farmington Hills, MI 48334

## B. OFFICERS

President: Alan J. Kaufman

Address: 30833 Northwestern Hwy., Suite 220  
Farmington Hills, MI 48334

Vice President: David J. Price, Kenneth A. Schneider, Donald R. Carson

Address: 30833 Northwestern Hwy., Suite 220  
Farmington Hills, MI 48334

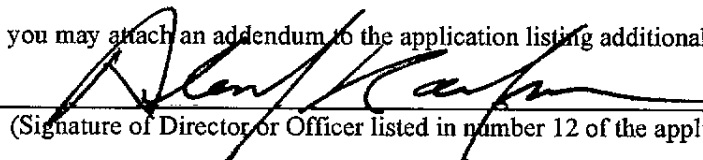
Secretary: Marilyn A. Heckel

Address: 30833 Northwestern Hwy., Suite 220, Farmington Hills, MI 48334

Treasurer: Daniel T. Muldowney

Address: 30833 Northwestern Hwy., Suite 220, Farmington Hills, MI 48334

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

13. X   
(Signature of Director or Officer listed in number 12 of the application)

14. Alan J. Kaufman, President  
(Typed or printed name and capacity of person signing application)



**Texas Department of Insurance**

**Financial, Company Licensing & Registration**, Mail Code 305-2C  
333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104

STATE OF TEXAS           §

§

COUNTY OF TRAVIS       §

§

The Commissioner of Insurance, as the chief administrative and executive officer and custodian of records of the Texas Department of Insurance has delegated to the undersigned the authority to certify the authenticity of documents filed with or maintained by or within the custodial authority of the Company Licensing & Registration Division of the Texas Department of Insurance.

Therefore, I hereby certify that the attached documents are true and correct copies of the documents described below. I further certify that the documents described below are filed with or maintained by or within the custodial authority of the Company Licensing & Registration Division of the Texas Department of Insurance.

Current Certificate of Authority for VICTORIA INSURANCE COMPANY, Houston, Texas, No. 8473 dated October 15, 1987, consisting of one (1) page.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this 17<sup>th</sup> day of May 2005.

JOSE MONTEMAYOR  
COMMISSIONER OF INSURANCE

BY: A handwritten signature in black ink, enclosed within a large, hand-drawn oval.

Jeff Hunt, Admissions Officer  
Company Licensing & Registration Division  
Order No. 01-0692

STATE OF TEXAS  
STATE BOARD OF INSURANCE

Certificate No 8473



Company No. 07-05811

CERTIFICATE OF AUTHORITY

THIS IS TO CERTIFY THAT

VICTORIA INSURANCE COMPANY  
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; 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  
15th day of October, A. D. 1987

A handwritten signature in dark ink, appearing to read "Doyle R. Lee", is written over a horizontal line.  
COMMISSIONER OF INSURANCE