

FO6000004298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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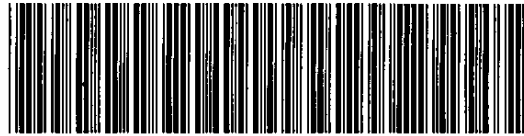
Certificate of Compliance  
from Financial + Insurance  
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Diane Cushing

6/21/06

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647.

W06 27054



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06/09/06--01033--005 \*\*70.00

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06 JUN 21 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6/22/06

**COVER LETTER**

**FILED**

**TO:** Registration Section  
Division of Corporations

06 JUN 21 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** Ansur America 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:

Jodi G. Lash

(Name of Person)

J. Lash & Company

(Firm/Company)

40 Winterberry Lane, Suite A

(Address)

Moreland Hills, Ohio 44022

(City/State and Zip code)

For further information concerning this matter, please call:

Jodi Lash

(Name of Person)

at ( 440 ) <sup>2117</sup> 248-~~2117~~

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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06 JUN 21 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 13, 2006

JODI G. LASH  
40 WINTERBERRY LANE  
SUITE A  
MORELAND HILLS, OH 44022

SUBJECT: ANSUR AMERICA INSURANCE COMPANY  
Ref. Number: W06000027054

We have received your document for ANSUR AMERICA INSURANCE COMPANY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Please return the original and one copy of 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) 245-6973.

Claretha Golden  
Document Specialist  
New Filing Section

Letter Number: 806A00040265

**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. Ansurs America 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. Michican

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

3. 38-3467437

(FEI number, if applicable)

4. April 26, 1999

(Date of incorporation)

5. Perpetual

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

6. Not Applicable

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

7. 1 Mutual Avenue, Frankenmuth, Michigan 48747

(Principal office address)

1 Mutual Avenue, Frankenmuth, Michigan 48747

(Current mailing address)

8. Sale of 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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.*

C T Corporation System

By: Joyce A. Gilbert

(Registered agent's signature)

**JOYCE A. GILBERT**  
**ASSISTANT 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:

**A. DIRECTORS**

Chairman: Gerald L. Stanton

Address: 1 Mutual Avenue

Frankenmuth, Michigan 487<sup>4</sup>87

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

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

Director: David F. Honold

Address: 1 Mutual Avenue, Frankenmuth, Michigan 487<sup>4</sup>87

Director: Jack R. Rummel

Address: 1 Mutual Avenue, Frankenmuth, Michigan 487<sup>4</sup>87

**B. OFFICERS**

President: John S. Benson

Address: 1 Mutual Avenue

Frankenmuth, Michigan 487<sup>4</sup>87

Vice President: James E. Wilds

Address: 1 Mutual Avenue

Frankenmuth, Michigan 487<sup>4</sup>87

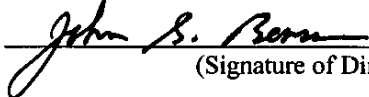
Secretary: James E. Wilds

Address: 1 Mutual Avenue, Frankenmuth, Michigan 487<sup>4</sup>87

Treasurer: Brian S. McLeod

Address: 1 Mutual Avenue, Frankenmuth, Michigan 487<sup>4</sup>87

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. John S. Benson, President  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12A. Directors - Continued

John S. Benson	1 Mutual Avenue, Frankenmuth Michigan 48748
David R. Johnston	1 Mutual Avenue, Frankenmuth Michigan 48748
James E. Wilds	1 Mutual Avenue, Frankenmuth Michigan 48748
Morrall M. Claramunt	1 Mutual Avenue, Frankenmuth Michigan 48748
David A. Pendleton	1 Mutual Avenue, Frankenmuth Michigan 48748
Drew R. Zehnder	1 Mutual Avenue, Frankenmuth Michigan 48748

12B. Officers - Continued

Morrall M. Claramunt- Executive Vice President  
1 Mutual Avenue  
Frankenmuth, Michigan 48748

Gerald L. Stanton - Chief Executive Officer  
1 Mutual Avenue  
Frankenmuth, Michigan 48748

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF COMPLIANCE**

Office of Financial and Insurance Services

Effective Date: June 6, 2006

THIS IS TO CERTIFY, that

**ANSUR AMERICA INSURANCE COMPANY**  
( Michigan stock insurer )  
NAIC No. 10984

is organized under the laws of this State and is authorized to issue policies and transact business under the following Sections of the Insurance Code of 1956, as amended:

Chapter 06 - Section 610 - Property  
Chapter 06 - Section 614 - Ocean Marine  
Chapter 06 - Section 616 - Inland Marine  
Chapter 06 - Section 624 - SubSection 1a - Casualty: Steam Boiler, Flywheel & Machinery  
Chapter 06 - Section 624 - SubSection 1b - Casualty: Liability  
Chapter 06 - Section 624 - SubSection 1b - Casualty: Workers' Compensation  
Chapter 06 - Section 624 - SubSection 1b - Casualty: Automobile  
Chapter 06 - Section 624 - SubSection 1c - Casualty: Plate Glass  
Chapter 06 - Section 624 - SubSection 1d - Casualty: Sprinkler and Water Damage  
Chapter 06 - Section 624 - SubSection 1f - Casualty: Burglary and Theft  
Chapter 06 - Section 625 - Disability coverage supplemental to Auto Insurance  
Chapter 06 - Section 628 - Surety & Fidelity

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CERTIFIED COPY

June 06, 2006

*Marilyn Rzepicki*

Office of Financial & Insurance Services