

837555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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Office Use Only



800090576078

03/09/07--01023--024 \*\*43.75

07 MAR -9 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AND  
FILED

*Amend*

G. Coullatte MAR 13 2007



**INSURANCE COMPANY**

5600 Brainerd Road • Suite 1A

P.O. Box 181101

Chattanooga, TN 37414-6101

800-523-3796 [www.merastar.com](http://www.merastar.com)

March 8, 2007

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

Dear Sir or Madam:

Enclosed please find the Amendment forms for Merastar Insurance Company. Merastar Insurance Company is filling an Amendment to redomicile from the State of Tennessee to the State of Indiana. Along with the Amendment forms, please find \$43.75 for the filing fee and Certified copy. Lastly, included is an original Certificate from the State of Indiana approving the redomestication.

If there is additional information required to complete this notification, please contact Tom Neeley at 423-296-7411.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jeffrey Nix', written over a horizontal line.

Jeffrey Nix  
Accounting Associate II  
423-296-7444  
[jeff.nix@merastar.com](mailto:jeff.nix@merastar.com)

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Merastar Insurance Company  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeff Nix  
(Name of Contact Person)

Merastar Insurance Company  
(Firm/Company)

5600 Brainerd Rd, Ste 1A  
(Address)

Chattanooga, TN 37411 - 5336  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeff Nix at ( 423 ) 296 - 7444  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐

\$35.00 Filing Fee

☐

\$43.75 Filing Fee &  
Certificate of Status

☒

\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐

\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

837555

(Document number of corporation (if known))

1. Merastar Insurance Company

(Name of corporation as it appears on the records of the Department of State)

2. Tennessee

(Incorporated under laws of)

3. December 17, 1976

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

\_\_\_\_\_  
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

Indianapolis, Indiana  
(New jurisdiction)

Stephen W. Brandt  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Stephen W. Brandt

(Typed or printed name of person signing)

Vice President & Treasurer

(Title of person signing)

FILED  
07 MAR - 9 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

31968

**Certificate of Similarity  
11-9-33**

**INSURANCE DEPARTMENT  
STATE OF INDIANA  
Office of  
COMMISSIONER OF INSURANCE**

Indianapolis, Indiana **March 5, 2007**

I, James Atterholt, Commissioner of Insurance of the state of Indiana, do hereby certify that I have caused to have compared the annexed copy of the **Letter of Approval to Redomicile to the State of Indiana** with the original on file at this Department and find the same to be a correct transcript of the whole of said original.

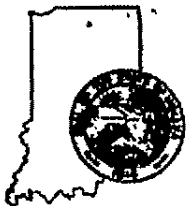


**In witness whereof**, I have hereunto set my hand and affixed my official seal the day and year first above written.

*James Atterholt*

Insurance Commissioner

Commissioner's Certification Seal is in red



## STATE OF INDIANA

MITCHELL E. DANIELS, JR., Governor

# IDOI

### INDIANA DEPARTMENT OF INSURANCE

311 W. WASHINGTON STREET, SUITE 300

INDIANAPOLIS, INDIANA 46204-2787

TELEPHONE: (317) 232-2385

FAX: (317) 232-5251

JAMES ATTERHOLT, Commissioner

July 19, 2006

Stephen William Brandt  
Vice President & Treasurer  
Merastar Insurance Company  
5600 Brainerd Road, Suite 1A  
Chattanooga, TN 37411

Dear Mr. Brandt:

I am pleased to inform you that I have approved your company's application for redomestication to the State of Indiana. Enclosed is your Indiana Certificate of Authority. This Certificate is renewable annually; however, the Indiana Department of Insurance will not issue a duplicate Certificate upon renewal.

With this Certificate, your company now has all rights, privileges, and obligations of an Indiana domestic insurance company. Within thirty days of receipt of your company's Certificate, you must file Form D(s) for all affiliated agreements in accordance with Indiana Code 27-1-23-4 and Rule 15.1 (760: 1-15.1-7).

I am confident that your company accepts the responsibility of providing high quality insurance coverage to policyholders. I know that you will work diligently toward our common goal of serving the policy-buying public through qualified, well trained employees and agents.

I invite your company to avail itself of any assistance for services provided by the Department. If you have any questions, comments, or concerns, please do not hesitate to contact us. Congratulations, and welcome to Indiana!

Sincerely,

James Atterholt  
Commissioner

Enclosures:

ACCREDITED BY THE  
NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

AGENCY SERVICES  
(317) 232-2413  
FAX: (317) 232-5251

COMPANY SERVICES  
(317) 232-2437

CONSUMER SERVICES  
(317) 232-2385  
toll-free 1-800-422-4461

EXAMINATIONS / FINANCIAL SERVICES  
(317) 232-2390

MEDICAL MALPRACTICE  
(317) 232-2402  
FAX: (317) 232-5251

SECURITIES / COMPANY RECORDS  
(317) 232-1261