

846082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

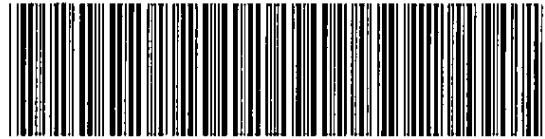
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/11/18--01001--004 **43.75

JUL 11 2018
S. YOUNG

18 JUL 10 PM 3:57
FILED
18 JUL 10 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Continental General Insurance Company
Name of Corporation

DOCUMENT NUMBER: 846082

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Anderson

Name of Contact Person

Meenan P.A.

Firm/Company

300 S. Duval Street, Suite 410

Address

Tallahassee, FL 32301

City/State and Zip Code

beth.lovaas@continental-ins.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth Lovaas

Name of Contact Person

at (512)

410-0951

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)

846082

(Document number of corporation (if known))

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Continental General Insurance Company
(Name of corporation as it appears on the records of the Department of State)
2. Initially Ohio; Redomesticated under Texas Laws 12/27/16
(Incorporated under laws of)
3. May 28, 1980
(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? n/a
5. n/a
(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.
n/a
(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
Texas
(New jurisdiction)
8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

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

Michael W. Mazur
(Typed or printed name of person signing)

President and CEO
(Title of person signing)

Applicant Name: Continental General Insurance Company

NAIC No. 71404

FEIN 47-0463747

**Uniform Certificate of Authority Application (UCAA)
Certificate of Compliance**

State of Texas
(Domiciliary State of Applicant)

Office of Department of Insurance
(Commissioner, Superintendent, Officer)

I, Jeff Hunt, hereby certify that I am the*
(Name)

Director of Company Licensing & Registration of the state of Texas
(Position)

and have supervision of insurance business in said state and as such I hereby certify that

Continental General Insurance Company
(Name of Insurer)

of AUSTIN, Texas is duly organized under the laws of said state and
(city/state)

is authorized to transact the business of

Accident, Health, and Life

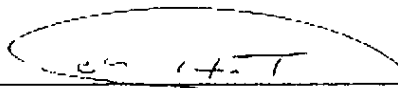
insurance in this state.

(Lines of Insurance)**

IN TESTIMONY WHEREOF, I have hereunto set my hand at

Austin, Texas
(Location)

on July 10, 2018


(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

