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FIAT CASUALTY INSURANCE COMPANY

P.O. BOX 9728
AUSTIN, TEXAS 78766
PHONE (512) 345-7500
WATTS Line (800) 252-9641

City/State/Zip

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

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2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 1, 2000

ASSOCIATION CASUALTY INSURANCE COMPANY
P.O. BOX 9728
AUSTIN, TX 78766

SUBJECT: ASSOCIATION CASUALTY INSURANCE COMPANY
Ref. Number: W00000005531

We have received your document for ASSOCIATION CASUALTY INSURANCE COMPANY and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, 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 your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Trevor Brumbley
Document Specialist

Letter Number: 200A00011250

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ASSOCIATION CASUALTY INSURANCE COMPANY

Managed by ARMGA, Inc.

March 10, 2000

Trevor Brumbley
Document Specialist
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

Dear Ms. Brumbley:

Enclosed is a Certificate of Authority for Association Casualty Insurance Company. The State of Texas does not issue Certificates of Existence to insurance companies. The Department of Insurance issues Certificates of Authorities. This document verifies that we are an insurance company in the state of Texas authorized to conduct the lines of insurance shown.

If you have any further questions, or need anything further, please let me know.

Sincerely,

Evelyn Hickey
Chief Financial Officer

Enclosure

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TALLAHASSEE, FLORIDA

**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. ASSOCIATION CASUALTY INSURANCE COMPANY

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. TEXAS

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

3. 74-1958653

(FEI number, if applicable)

4. MARCH 3, 1978

(Date of incorporation)

5. PERPETUAL

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

6. NONE UNTIL LICENSE APPROVED IN FLORIDA

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. P. O. BOX 9728

AUSTIN, TX 78766

(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 or Mail Drop Box **NOT** acceptable)

Name: Gary L. Burkey

Office Address: 1661 Sandspur Road

Maitland,

, Florida, 32751

(Zip code)

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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.


(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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: HILTON H. HOWELL, JR.

Address: 4370 PEACHTREE ROAD N.E.

ATLANTA, GA 30319-3000

Vice Chairman: N/A

Address: _____

Director: EDWARD L. RAND, JR.

Address: 4370 PEACHTREE ROAD, N.E.

ATLANTA, GA 30319-3000

Director: J. MACK ROBINSON

Address: 4370 PEACHTREE ROAD, N.E.

ATLANTA, GA 30319-3000

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: HAROLD K. FISCHER (DIRECTOR ALSO)

Address: 3420 EXECUTIVE CENTER DR., #200

AUSTIN, TX 78731

Vice President: DIANNE MORRIS

Address: 3420 EXECUTIVE CENTER DR., #200

AUSTIN, TX 78731

Secretary: DANNY L. CHAFIN (DIRECTOR ALSO)

Address: 3420 EXECUTIVE CENTER DR., #200

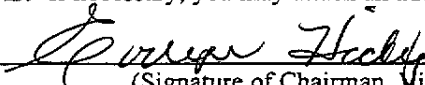
AUSTIN, TX 78731

Treasurer: EVELYN R. HICKEY (DIRECTOR ALSO)

Address: 3420 EXECUTIVE CENTER DR., #200

AUSTIN, TX 78731

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. EVELYN HICKEY, TREASURER AND CFO

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

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TALLAHASSEE, FLORIDA



ASSOCIATION CASUALTY INSURANCE COMPANY

Managed by ARMCA, Inc.

- - ADDENDUM - -

FOR QUESTION 12

VICE PRESIDENT: CHRISTY PAYNE
3420 EXECUTIVE CENTER DR., #200
AUSTIN, TX 78731

VICE PRESIDENT: T. WENDELL GRAY
3420 EXECUTIVE CENTER DR., #200
AUSTIN, TX 78731

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TALLAHASSEE, FLORIDA



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 and 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 and Registration Division of the Texas Department of Insurance.

Current Certificate of Authority for ASSOCIATION CASUALTY INSURANCE COMPANY, Austin, Texas, No. 6725, dated January 15, 1981 consisting of one (1) page.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this 29th day of February, 2000.

JOSE MONTEMAYOR
COMMISSIONER OF INSURANCE

BY: Godwin Ohaechesi
Godwin Ohaechesi, Director
Company Licensing & Registration
Division
Order No. 99-1650

STATE OF TEXAS
STATE BOARD OF INSURANCE

Certificate N^o 6725



Company No. 07-43080

CERTIFICATE OF AUTHORITY

THIS IS TO CERTIFY THAT

ASSOCIATION CASUALTY INSURANCE COMPANY
AUSTIN, TEXAS

has complied with the laws of the State of Texas applicable thereto and is hereby authorized to trans-act 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
15th day of January, A. D. 1981


COMMISSIONER OF INSURANCE