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(Requestor's Name)
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(City/State/Zip/Phone #)
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(Document Number)
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Arrend Theres 10-31-08 2008 OCT 30 AM 9: 38
SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Mid-Continent Casualty C	Company
<u> </u>	(Name of corporation)
DOCUMENT NUMBER: F000000	01445
The enclosed Amendment and fee a	re submitted for filing.
Please return all correspondence cor	ncerning this matter to the following:
Stephen C. Beraha	
	(Name of person)
Great American Insurance Company	
	(Name of firm/company)
580 Walnut Street	
	(Address)
Cincinnati, OH 45202	
	(City/state and zip code)
For further information concerning	this matter, please call:
Barbara Grosser	at (513) 723-2814 (Area code & daytime telephone number)
(Name of person)	(Area code & daytime telephone number)
Enclosed is a check for the following	g amount:
\$35.00 Filing Fee X \$43.75 Fi	ling Fee & te 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 409 E. Gaines Street Tallahassee, FL 32399

580 Walnut Street Cincinnati, OH 45202-3180 513.412.4925 ph 513.369.3655 fax sberaha@gaic.com

Stephen C. Beraha Assistant Vice President Assistant General Counsel and Assistant Secretary



October 15, 2008

Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: REDOMESTICATION OF

. BERAHA

MID-CONTINENT CASUALTY COMPANY

Dear Sir or Madam:

Mid-Continent Casualty Company, which is qualified to do business in Florida, has redomesticated from Oklahoma to Ohio effective August 25, 2008.

Pursuant to your requirements, enclosed are the following:

- Application for Amendment (Profit Corporation).
- Certified Articles Of Incorporation And Redomestication evidencing the amendment in Ohio (the state of incorporation).
- Our check in the amount of \$43.75 in payment of the filing fee (\$35) and one Certificate of Status (\$8.75).
- Transmittal Letter containing our contact information.

Please let me know if you have questions or require anything further.

Yours truly,

Enclosures

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)

			SEX
	F0000001445	(61	
	(Document num	ber of corporation (if known))	M 9: 38 YOF STATE SEE, FLORID
			A THE SO
1. Mid-Continent Casualty Co			<u> </u>
	(Name of corporation as it appear	ars on the records of the Department	of State)
2. Oklahoma		3, 03/10/2000	•
(Incorpor	ated under laws of)	(Date authorized to	do business in Florida)
	S	SECTION II	
		LY THE APPLICABLE CHANGES)
4. If the amendment change	es the name of the corporation	on, when was the change effec	ted under the laws of
its jurisdiction of incorp	oration? <u>N/A</u>		
5. N/A			
(Name of corporation af appropriate abbreviation	ter the amendment, adding s n, if not contained in new na	uffix "corporation," "company ame of the corporation)	y," or "incorporated," or
_ N/A			
(If new name is unavailal business in Florida)	ole in Florida, enter alternate	e corporate name adopted for the	he purpose of transacting
6. If the amendment change	es the period of duration, inc	dicate new period of duration.	
	N/A	New duration)	_
	(New duration)	
7. If the amendment change	es the jurisdiction of incorpo	oration, indicate new jurisdiction	on.
	Ohio		_
	1)	New jurisdiction)	
11.			
My	<u></u>	October 1	5, 2008
(Signature of a directed of a receiver or other	or, president or other officer - if ir court appointed fiduciary, by tha	the hands t fiduciary)	(Date)
Stephen C. Beraha	•••	,	Vice President
	ed or printed name of person signi		le of person signing)



DATE: 08/25/2008

DOCUMENT ID 200823800892

DESCRIPTION DOMESTIC ARTICLES/FOR PROFIT (ARF) FILING 3,225.00

300.00

PENALTY .00

CERT

COPY 200.00

Receipt

This is not a bill. Please do not remit payment.

BRICKER & ECKLER 100 S. THIRD STREET COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State,

1800938

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

MID-CONTINENT CASUALTY COMPANY

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

DOMESTIC ARTICLES/FOR PROFIT

200823800892



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 26th day of February, A.D. 1947.

Ohio Secretary of State



Ted Strickland, Governor Mary Jo Hudson, Director

CERTIFICATION

I, Christi Washburn, an employee of the Ohio Department of Insurance, do hereby certify that the attached Order and Journal Entry for the Redomestication of Mid-Continent Casualty Company is a copy of the original records maintained in the ordinary course of business by this Agency.

Signed and dated on this 22nd day of August, 2008.

Christi Washburn

Records Custodian, Office of Records Information Management and Security

Ohio Department of Insurance

Ohio Department of Insurance

CLIENT SERVICE CENTER

Consumer Hotline: 1-800-686-1526

(Printed in house)

STATE OF OHIO DEPARTMENT OF INSURANCE 50 W. Town Street, Third Floor, Suite 300 Columbus, Ohio 43215

IN THE MATTER OF:

MARY JO HUDSON

SUPERINTENDENT OF INSURANCE

THE REDOMESTICATION OF MID-CONTINENT CASUALTY

ORDER AND JOURNAL ENTRY

COMPANY

(NAIC No. 23418)

ORDER

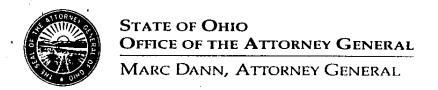
- 1. The Mid-Continent Casualty Company, (the "Company") presently domiciled in the State of Oklahoma, has applied to the Superintendent of Insurance for approval to redomesticate to Ohio pursuant to \$3913.40 of the Ohio Revised Code. The Company currently has a certificate of authority to conduct the business of insurance in the State of Ohio.
- 2. The Company has designated its principal place of business in this state as 580 Walnut Street, Cincinnati, Ohio 45202, telephone (513) 369-5000. The mailing address of the Company will remain 1437 South Boulder Drive, Tulsa, Oklahoma 74119, telephone (918) 587-7221.
- 3. No evidence has been submitted that the proposed transfer of domicile is not in the interest of the policyholders of the State of Ohio.

NOW THEREFORE IT IS ORDERED THAT:

- 1. The redomestication of the Company from Oklahoma to Ohio is approved as of the date below.
- 2. The Company will be issued an amended certificate of authority that shows that it is domiciled in the State of Ohio as of its original date of incorporation (February 26, 1947).

Mary Jo Hudson

Superintendent of Insurance



Health & Human Services Section 30 E. Broad St., 26th Fl. Columbus, OH 43215-3400 Telephone: (614) 466-8600 Facsimile: (614) 466-6090 www.ag.state.oh.us

August 19, 2008

Laura Riggs Kolman Legal Department Ohio Secretary of State 180 East Broad Street, 15th Floor Columbus, Ohio 43215

Re: Mid-Continent Casualty Company

Articles of Incorporation and Redomestication

Dear Ms. Kolman:

I have reviewed the August 17, 2008, Articles of Incorporation and Redomestication of the Mid-Continent Casualty Company. I have also consulted with the Ohio Department of Insurance, which has expressed its approval of the Articles in question.

Based upon my examination of these Articles and my review of the relevant statutes, I find the Articles to be in accordance with the constitution and laws of the State of Ohio and of the United States.

Very truly yours,

NANCY H. ROGERS Attorney General

MELISSA L. WILBURN, ESQ.

Assistant Attorney General Health and Human Services Section 30 E. Broad Street, 26th Flr.

Columbus, Ohio 43215-3400

(614) 466-8600

MLW:swe

cc: Stephen J. Vamos, Esq.



50 West Town Street Third Floor – Suite 300 Columbus, OH 43215 (614) 644-2658 www.ohioinsurance.gov

614) 644-2640 FAX (614) 644-3742 steve.vamos@ins.state.oh.us

August 8, 2008

Mary Jo Hudson, Director

Melissa L. Wilburn
Assistant Attorney General
Health & Human Resources Section
Ohio Attorney General's Office
30 East Broad Street, 26th Floor
Columbus, Ohio 43215-3428

Re: Mid-Continent Casualty Company
Articles of Incorporation and Redomestication

Dear Ms. Wilburn:

Enclosed please find the originally executed Articles of Incorporation and Redomestication of the above referenced company.

Based upon my review, the Department extends its pre-clearance to the Articles of Incorporation and Redomestication which, upon filing with the Secretary of State, will change the company's state of domicile from Oklahoma to Ohio as of its original date of incorporation.

In your cover letter to the company, please inform the company that it must file a certified copy of the Superintendent's Order approving the redomestication together with the Articles of Incorporation, with the Ohio Secretary of State.

The cover letter should be addressed to Stephen C. Beraha, Assistant General Counsel, Great American Insurance Group, 580 Walnut Street, Cincinnati, Ohio 45202-3180.

Sincerely,

Stephen J. Vamos Staff Counsel

Office of Legal Services

ce: Gary Burchfield



Prescribed by:

The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us e-mail: busserv@sos.state.oh.us

Expedit	e this Form: (Select One)
Mail For	n to one of the Following:
③ Yes	PO Box 1390
⊕ ies	Columbus, OH 43216
*** Requ	ires an additional fee of \$100 ***
O No	PO Box 670
O NO	Columbus, OH 43216

INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Nonprofit) Filing Fee \$125.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

	les of Incorporation	1,-,-	ncorporation	(3) Articles of incorpor	ration Profession	nal	
Profit		Non-Profit		(170-ARP)			
	(113-ARF) ORC 1701		(4-ARN)	Profession			
	ORC 1701	1	RC 1702	ORC 1785			
Complete ti	ne general informatio	on in this section fo	or the box checked	f above.			
FIRST:	Name of Corporat	ion <u>Mid-C</u>	Continent Casualt	y Company			
SECOND:	Location	Cincinnati	_	Hamilton	_		
		(City)		(County)			
Effective D	ate (Optional)			en be no more than 90 days after d	_	ete is sp	ecified,
1		(mm/dd/yyyy)	the date must be	e a date on or after the date of filing	<i>,</i>	~	Sign
Check I	here if additional p	rovisions are att	ached		·	800	8 03
						AG .	<u>-</u>
Complete the	information in this see	ction if box (2) or (3) i	s checked. Complet	ing this section is optional if box (1) is checked.コン	<u>53</u>	<u>عُمَّـُـُـ</u> ایجیـ
THIRD:		corporation is for			330	70	(2)
	See Exhibit A atta	ched hereto and n	nade a part hered	of.	්	PH 2	(A)
					**	0 ::	
							, :37
				·			
		-					
		costion if how (4)	or (3) is checked.				
Complete th	e information in this	Section is box (1)					
	" -		poration is author	rized to have outstanding (Ple	ase state if sha	res are	
FOURTH:	" -	ares which the cor	poration is author 375,000	rized to have outstanding (Ple		res are .35	

		this section is optional		
FTH:	The following are the	e names and addresses of the individuals v	vho are to serve as initia	Directors.
•	(Name)			_
•	(Street)	NOTE: P.O. Box Addresses are N	OT acceptable.	
	(City)	(State)	(Zip Code)	_
	(Name)			
•	(Street)	NOTE: P.O. Box Addresses are N	OT acceptable	-
•	(City)	(State)	(Zip Code)	_
	(Name)	<u> </u>		_
•	(Street)	NOTE: P.O. Box Addresses are N	OT acceptable,	_
•	(City)	(State)	(Zip Code)	_
igned) presen	REQUIRED authenticated by an authorized ntative see Instructions	Authorized Representative Jimmy Lloyd Pierce (Print Name) President		07-09-08 Date
		Authorized Representative Loretta Fay Jessee (Print Name) Secretary	ysee .	01-09-02 Date
		Authorized Representative		Date

ORIGI	NAL APPOINTMENT OF STATUTO	RY AGENT
	ast a majority of the incorporators of	
	to be statutory agent upon whom any process, notice or de corporation may be served. The complete address of the	
1	ant to ORC 1701.07(o)	_
(Name)	ant to one trononto	
(Street)	NOTE: P.O. Box Addresses are NOT acceptable.	_
(Sireer)		
(City)	,Ohio (Zip Code)	
(City)	(21p Code)	
Must be authenticated by an authorized representative		
additionized representative	Authorized Representative	Date
		–
	Authorized Representative	
	Authorized Representative	Date
		
	Authorized Representative	Date
	ACCEPTANCE OF APPOINTMENT	
The Undersigned,		, named herein
Statuton, agent for		
Statutory agent for,	ccepts the appointment of statutory agent for said entity.	

•

ARTICLES OF INCORPORATION AND REDOMESTICATION

OF

MID-CONTINENT CASUALTY COMPANY

EXHIBIT A

PREAMBLE

The undersigned corporation desires to transfer its corporate domicile from the State of Oklahoma to the State of Ohio pursuant to the approval of the Ohio Superintendent of Insurance under the authority of Section 3913.40 of the Ohio Revised Code, as it now exists or may hereafter be amended, and to be recognized as a corporation from its original date of incorporation of February 26, 1947, in the State of Oklahoma.

On February 26, 1947, General Bonding and Insurance Company was incorporated in Oklahoma. The corporation changed its name to Mid-Continent Casualty Company on December 1, 1956, and remains domiciled in Oklahoma.

These Articles supersede the existing Articles of Incorporation.

THIRD: <u>PURPOSE</u>

The corporation is organized for the purpose of making, and it shall have the full power and authority to make and undertake, all of the kinds of insurance and reinsurance (except with respect to life insurance, contracts for the payment of annuities and title insurance) which are now or may hereafter be permitted to domestic stock fire, marine and casualty companies under the laws of the State of Ohio. The corporation shall have the power and authority to make and undertake any and all kinds of insurance and reinsurance (except with respect to life insurance, contracts for the payment of annuities and title insurance) in other states and outside the United States of America, its territories and possessions, so long as all other applicable requirements of law are met.

The foregoing statement of purpose shall not be held to limit or restrict the powers of the corporation to carry on, and the corporation shall have the power to carry on, any other business it may lawfully do.

FIFTH: DURATION

The duration of the corporation shall be perpetual.