

F00000003686

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: INTERNATIONAL INDEMNITY COMPANY

(Name of corporation - must include suffix)

Dear Sir or Madam: 00789-00644 -

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.

MJH

Please return all correspondence concerning this matter to the following:

Carol J. Popp

(Name of Person)

Queensway Holdings, Inc.

(Firm/Company)

707 Westchester Avenue, Suite 411

(Address)

White Plains, New York 10604

(City/State/Zip)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 23 AM 9:10

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-06/23/00--01080--009

*****78.75 *****78.75

Should you need to call someone concerning this matter, please call:

Carol J. Popp

(Name of Person)

at (914)

683-8008, Extension 404

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien 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

**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. International Indemnity 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. Georgia

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

3. 58-1277247

(FEI number, if applicable)

4. 12/30/76

(Date of incorporation)

5. perpetual

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

6. _____

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

7. 2910 Miller Road, Decatur, GA 30035

(Current mailing address)

8. Insurance company

(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: Gregory Michael Skinner

Office Address: 10199 Southside Blvd., Suite 200

Jacksonville,

, Florida, 32256-0757

(Zip code)

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.

Gregory Michael Skinner

(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.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 23 AM 9:11

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: James A. Alexander, Sr.

Address: 3240 Glencree Road, NW

Conyers, Georgia 30012

Director

~~Vice Chairman~~ Thomas F. Smith, III

Address: 707 Westchester Avenue - Suite 411

White Plains, NY 10604

Director: B. Matthew Petcoff

Address: 28819 Franklin Road, Suite 300

Southfield, Michigan 48034

Director: John P. Davis, Jr.

Address: 851 North Donnelly Street

Mount Dora, Florida 32757

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

President: Thomas F. Smith, III

Address: 707 Westchester Avenue, Suite 411

White Plains, NY 10604

Vice President: Benny Byrd, Jr.

Address: 2910 Miller Road

Decatur, Georgia 30035

Secretary: Juanita S. Hillis

Address: 2910 Miller Road

Decatur, GA 30035

Treasurer: _____

Address: _____

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

13. Thomas F. Smith, III

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

14. Thomas F. Smith, III, President

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

12 B. OFFICERS CONTINUED

Sr. Vice President	Jose L. Rivas 2910 Miller Road Decatur, GA 30035
Vice President	William A. Alexander 2910 Miller Road Decatur, GA 30035
Vice President	Elizabeth A. Monaghan 2910 Miller Road Decatur, GA 30035
Vice President	Joseph J. Skruck 2910 Miller Road Decatur, GA 30035

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

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PRINT DATE : 06/08/2000
FORM NUMBER : 261

CT CORPORATION SYSTEM
PATTIE HARDY
1201 PEACHTREE STREET, NE
ATLANTA, GA 30361

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State and the Corporations
Commissioner of the State of Georgia, do hereby certify under the
seal of my office that

INTERNATIONAL INDEMNITY COMPANY

was duly incorporated or authorized to transact business in
Georgia on the above date. Said corporation is in compliance
with the applicable filing and annual registration provisions of
Title 14 of the Official Code of Georgia Annotated and has not
filed articles of dissolution.

This certificate is issued under the authority of Title 14 of the
Official Code of Georgia Annotated and is prima-facie evidence of
the existence or nonexistence of the facts stated herein.

This certificate applied only to filings pursuant to Title 14 of
the Official Code of Georgia Annotated. Information concerning
insurance related filings must be certified by the Georgia
Commissioner of Insurance.



Cathy Cox
Secretary of State