

F0100000.1522
TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

SUBJECT: Fortress Insurance Company
(Name of corporation - must include suffix)

Dear Sir or Madam:

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.

Please return all correspondence concerning this matter to the following:

William C. Passolt
(Name of Person)
Fortress Insurance Company
(Firm/Company)
6133 N. River Road, Suite 650
(Address)
Rosemont, Illinois 60018
(City, State and Zip Code)

700003789477-4
-02/28/01-01057-002
*****78.75 *****78.75

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

William C. Passolt at (847) 384 - 0062
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:
Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

SC



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 5, 2001

WILLIAM C. PASSOLT
FORTRESS INSURANCE COMPANY
6133 N RIVER RD SUITE 650
ROSEMONT, IL 60018

SUBJECT: FORTRESS INSURANCE COMPANY
Ref. Number: W01000004915

We have received your document for FORTRESS INSURANCE COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan
Document Specialist

Letter Number: 901A00013294

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OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

February 2, 2001

Howard Nathans
148 Three Ponds Lane
Malvern, PA 19355

RE: Incorporating insurance companies in Illinois.

Dear Mr. Nathans:

This letter is in response to your recent telephone inquiry.

Pursuant to section 3.05 of the Illinois Business Corporation Act (805 ILCS 5), "corporations for profit may be organized under this Act for any lawful purpose or purposes, except for the purpose of banking or insurance." Under Illinois law, insurance companies are organized pursuant to the provisions of the Illinois Insurance Code, which is administered by the Illinois Department of Insurance.

Please direct all inquiries concerning this matter to the attention of the undersigned.

Sincerely,

A handwritten signature in cursive script, appearing to read "Robert Durchholz".

Robert Durchholz
Department of Business Services
Expedited Service
Telephone (217) 524-5248

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Legal Insurance Services

148 Three Ponds Lane

Malvern, Pa 19355

Tele. & Fax: (610) 415-4LIS

415-4547

Howard B. Nathans, JD
President

February 27, 2001

Qualification/Tax Lien Section
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Claims Adjustment
Compliance
Corporate
Coverage Opinions
Legislative
Licensing
Mergers/Acquisitions
Regulatory
State Filings

RE: Application for Certificate of Status

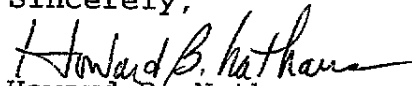
Dear Sirs:

Enclosed please find the Transmittal letter, Application for Authorization to Transact Business in Florida, A letter from the Illinois Secretary of State's Office confirming that under Illinois Law, insurance companies are not required to register to transact business with the Illinois Secretary of State's Office. That function is controlled exclusively by the Illinois Department of Insurance.

Accordingly, the only requirement is that the insurance company obtain a Certificate of Authority or Compliance to transact business in Illinois. I enclose a copy of the 2/02/01 letter from the Illinois Secretary of State's Office and a copy of the Company's Certificate of Compliance evidencing its current good standing in Illinois to write the insurance business for which it is authorized. A check in the amount of \$78.75 is enclosed.

Please overnight the Certificate of Status to me when issued at the address on this letterhead. Bill my federal express account number 1441-0377-7.*

Sincerely,



Howard B. Nathans

HBN/lm

Enclosures

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* Completed Airbill enclosed.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. Fortress 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. Illinois

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

3. 36-4159841

(FEI number, if applicable)

4. 4/30/1997

(Date of incorporation)

5. N/A

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

6. "upon qualification"

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

7. 6133 N. River Road, Suite 650

Rosemont, Illinois 60018

(Current mailing address)

8. Medical Malpractice Liability Insurance

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: Insurance Commissioner

Office Address: Capitol

Tallahassee

Florida

32399-0300
(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.*

Insurance Commissioner

(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: Lewis Norman Estabrooks, DMD, *MS

Address: 3 Atlantic Drive,
Scarborough, ME 04074

Vice Chairman: N/A

Address: _____

Director: Mr. William C. Passolt

Address: 172 Knightsbridge Drive
Mundelein, IL 60060

Director: Mr. Kenneth Ludwig

Address: 1218 Franklin Avenue
River Forest, IL 60305

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

President: Kenneth Ludwig

Address: 1218 Franklin Avenue
River Forest, IL 60305

Vice President: William Cyrus Passolt

Address: 172 Knightsbridge Drive
Mundelein, IL 60060

Secretary: Steven Mark Holmes, DDS

Address: 1117 Alhambra Circle
Coral Gables, FL 33134

Treasurer: Jeffrey Stephen Topf, DDS

Address: 25455 York Huntington Woods, MI 48067

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

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

14. Kenneth Ludwig, President, CEO
(Typed or printed name and capacity of person signing application)

ADDENDUM TO APPLICATION

Question 12A;

Director: Jerry Lewis Jones, DDS, MD
Address: 1050 El Ahambra Circle, NW
Albuquerque, NM 87107

Director: Mr. Dennis Olsen
Address: 924 Mapleton
Oak Park, IL 60302

Director: Mr. Marc M. Tract
Address: 177 Wheatley Road
Brookville, NY 11545

Director: Stephen H. Troyer, DDS, MSD
Address: 3815 Stringtown Road
Evansville, IN 47711

Director: Victoria J. Sterling, JD
Address: 531 Roscoe St. #4
Chicago, IL 60657

Director: Mr. Michael Tyk
Address: 2104 Crane Court
Rolling Meadows, IL 60008

Director: Steven Mark Holmes, DDS
Address: 1117 Alhambra Circle
Coral Gables, FL 33134

Director: Jeffrey S. Topf, DDS
Address: 25455 York
Huntington Woods, MI 48067

Question 12B;

Vice President: Victoria J. Sterling, JD
Address: 531 Roscoe St., #4
Chicago, IL 60657

Vice President: Mr. Michael Tyk
Address: 2104 Crane Court
Rolling Meadows, IL 60008

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STATE OF ILLINOIS

DEPARTMENT OF INSURANCE



Whereas, the FORTRESS INSURANCE COMPANY

located at ROSEMONT in the State of Illinois was incorporated pursuant to the provisions of the "Illinois Insurance Code" applicable to said Company:

NOW, THEREFORE, I, the undersigned, Director of Insurance of the State of Illinois, do hereby certify that the said Company is authorized to transact its appropriate business as set forth under Clause(s) _____

(c) Liability and (i) Other Casualty Risks of Class 2

of Section 4 of the "Illinois Insurance Code" in this State, in accordance with the laws thereof.



In Testimony Whereof, I

hereto set my hand and cause to be affixed the Seal of my office. Done at the City of Springfield, this 17th day of January, 2001.

Nat Shapo

Nathaniel S. Shapo,

Director of Insurance