

CT CORPORATION

**F02000003929**

CORPORATION(S) NAME

FOR CORP CUS

Encompass Insurance Company of America

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

☒ Profit

☐ Nonprofit

☒ Foreign

☐ Limited Partnership

☐ LLC

☐ Certified Copy

☐ Call When Ready

☒ Walk In

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☐ Dissolution/Withdrawal

☐ Reinstatement

☐ Annual Report

☐ Name Registration

☐ Fictitious Name

☐ Photocopies

☐ Call If Problem

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Order#: 5510990

800006850598--3

-08/01/02--01033--016

Ref#: \*\*\*\*\*70.00 \*\*\*\*\*70.00

800006850598--3

-08/01/02--01033--017

Amount: \$ \*\*\*\*\*8.75 \*\*\*\*\*8.75

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

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. Encompass Insurance Company of America  
(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 3. 36-3976911  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/12/1994 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 333 S. Wabash, Chicago, IL 60685  
(Principal office address)
- Same  
(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)

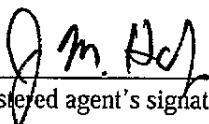
Name: CT Corporation System

Office Address: 1200 Pine Island Road

Plantation, Florida 33324  
(City) (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.*

  
(Registered agent's signature)

James M. Halpin  
Assistant Secretary

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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TALLAHASSEE FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached list

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

B. OFFICERS

President: See attached list

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

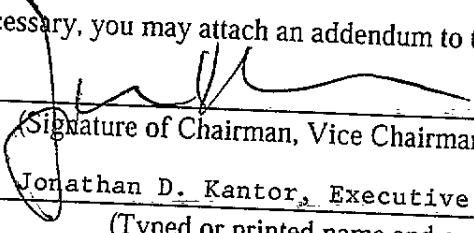
Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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. Jonathan D. Kantor, Executive Vice President, Secretary & General Counsel  
(Typed or printed name and capacity of person signing application)

## **Encompass Insurance Company of America**

### **OFFICERS AND DIRECTORS**

|                        |  |
|------------------------|--|
| Bernard L. Hengesbaugh | Chairman, Chief Executive Officer & President              |
| Debra L. McClenahan    | CEO, CNA Re  |
| Robert W. Patin        | CEO, CNA Life Healthcare & Benefits                        |
| Stephen W. Lilienthal  | President & CEO, Property & Casualty Ops                   |
| Adam M. Hodes          | Executive Vice President, Corporate Strategic Planning     |
| Robert V. James        | Executive Vice President, Technology Solutions             |
| Thomas Pontarelli      | Executive Vice President, Human Resources & Corp. Services |
| Robert V. Deutsch      | Executive Vice President & Chief Financial Officer         |
| Karen G. Foley         | Executive Vice President, Corporate Development            |
| Dean K. Harring        | Executive Vice President, Claims                           |
| James Lewis            | Executive Vice President, Standard Lines                   |
| Jonathan D. Kantor     | Executive Vice President, Secretary & General Counsel      |
| Michael Fusco          | Senior Vice President, UW Policy Group                     |
| Peter W. Wilson        | Executive Vice President, CNA Global Specialty Operations  |
| Pamela S. Dempsey      | Vice President & Treasurer                                 |

### **DIRECTORS**

Robert V. Deutsch  
Bernard L. Hengesbaugh  
Jonathan D. Kantor  
Stephen W. Lilienthal  
Thomas Pontarelli

### **ADDRESS FOR ALL OFFICERS AND DIRECTORS**

CNA Plaza  
Chicago, Illinois 60685

# STATE OF ILLINOIS

## DEPARTMENT OF INSURANCE



**WHEREAS**, the ENCOMPASS INSURANCE COMPANY OF AMERICA  
located at CHICAGO 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 the said Company is authorized to transact its appropriate  
business as set forth under Clause(s)

(a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l) of Class 2  
(a), (b), (c), (d), (e), (f), (g), (h), (i) of Class 3

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 29th day  
of July, 2002.

*Nat Shapo*  
Nathaniel S. Shapo  
Director