

F03 0000004248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

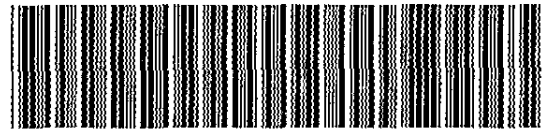
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TALLAHASSEE, FL 32301

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NIPPONKOA Insurance Company, Limited (U.S. Branch)
(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:

Kenda C. Davis, Corporate Law, 8MS

(Name of Person)

Travelers

(Firm/Company)

One Tower Square

(Address)

Hartford, CT 06183

(City/State and Zip code)

For further information concerning this matter, please call:

Kenda C. Davis

860

954-5660

at ()

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration 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

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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. NIPPONKOA Insurance Company, Limited (U.S. Branch)
(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. - New York (Port of Entry) 3. 98-0032627
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 19, 1972 (U.S. Branch) 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
Upon Qualification
6. _____
(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. 14 Wall Street, 8th Floor, New York, NY 10005 (U.S. Branch)
(Principal office address)
One Tower Square, Hartford, CT 06183 (U.S. Manager)
(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: Insurance Commissioner
Office Address: 200 East Gaines Street
Tallahassee, Florida 32399
(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.

Not Required

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

A. DIRECTORS See Attachment

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS See Attachment

President: _____

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. MASL 7/21/03

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

14. Robert S. Cohn, Secretary, The Travelers Marine Corporation, U.S. Manager

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

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TALLAHASSEE, FLORIDA

**THE TRAVELERS MARINE CORPORATION, U.S. MANAGER FOR
NIPPONKOA INSURANCE COMPANY, LIMITED (U.S. BRANCH)
AS OF July 18, 2003**

Directors

Business Address

Scott C. Belden	One Tower Square, Hartford, CT 06183
Michael J. Doody	One Tower Square, Hartford, CT 06183
Peter N. Higgins	One Tower Square, Hartford, CT 06183
Bruce R. Jones	One Tower Square, Hartford, CT 06183
Paul S. Privitera	One Tower Square, Hartford, CT 06183
Louis A. Verdi	One Tower Square, Hartford, CT 06183

SECRETARY
 TALLAHASSEE, FLORIDA

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Officers

Title

Business Address

Peter N. Higgins	Chairman of the Board	One Tower Square, Hartford, CT 06183
Paul S. Privitera	President and Chief Executive Officer	One Tower Square, Hartford, CT 06183
George A. Ryan	Senior Vice President	One Tower Square, Hartford, CT 06183
Kimberly J. Mizesko	Vice President and Chief Financial Officer	One Tower Square, Hartford, CT 06183
Cathleen Muller	Vice President and Chief Operating Officer	One Tower Square, Hartford, CT 06183
Alan T. Reynard	Vice President and Actuary	One Tower Square, Hartford, CT 06183
Louis A. Verdi	Vice President	One Tower Square, Hartford, CT 06183
Guy Graff	Second Vice President	One Tower Square, Hartford, CT 06183
Stephen Stites	Second Vice President	One Tower Square, Hartford, CT 06183
Douglas K. Russell	Treasurer	One Tower Square, Hartford, CT 06183
Robert S. Cohn	Secretary	One Tower Square, Hartford, CT 06183
Paul H. Eddy	Assistant Secretary	One Tower Square, Hartford, CT 06183

CERTIFICATE OF COMPLIANCE - INSURANCE COMPANY FOREIGN TO THE UNITED STATES

STATE OF NEW YORK

INSURANCE DEPARTMENT

It is hereby certified that

NIPPONKOA INSURANCE COMPANY, LIMITED

(United States Branch - New York, New York)
of JAPAN

has complied with the requirements of law, and is authorized until July 1, 2004, to transact in this State the business of accident and health, fire, miscellaneous property, water damage, burglary and theft, glass, boiler and machinery, elevator, collision, personal injury liability, property damage liability, workers' compensation and employers' liability, fidelity and surety, motor vehicle and aircraft physical damage, marine and inland marine and marine protection and indemnity insurance, as specified in paragraph(s) 3, 4, 5, 6, 7, 8, 9, 10, 12, 13, 14, 15, 16, 19, 20 and 21 of Section 1113(a) of the New York Insurance Law and also such workers' compensation insurance as may be incident to coverages contemplated under paragraphs 20 and 21 of Section 1113(a), including insurances described in the Longshoremen's and Harbor Workers' Compensation Act (Public Law No. 803, 69 Cong. as amended; 33 USC Section 901 et seq. as amended), to the extent permitted by certified copy of its charter document on file in this department, provided however, that the authority conferred by this license shall be limited to the writing of contracts issued for delivery in the United States, insuring risks of policyholders within the United States.

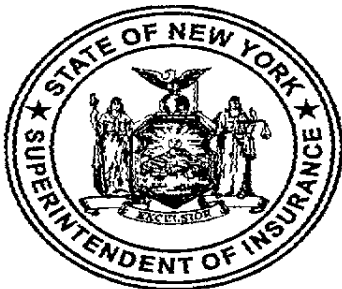
In Witness Whereof, I have hereunto set my hand and
affixed the official seal of this Department at the
City of Albany, New York, this

18th day of August, 2003

GREGORY V. SERIO

Superintendent of Insurance

BY



Robert A. Anthony
Special Deputy Superintendent