

F03000004473

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DIVISION OF CORPORATIONS  
17 MAY -8 AM 11:07

*Amend*

MAY 23 2017

D CUSHING

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** American Specialty Health Insurance Company  
Name of Corporation

**DOCUMENT NUMBER:** F03000004473

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Russell

Name of Contact Person

American Specialty Health Insurance Company

Firm/Company

12318 Hancock St.

Address

Carmel, IN 46032

City/State and Zip Code

Sheryl Alois: SherylA@ashn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Russell

Name of Contact Person

at ( 800 ) 848-3555 X 1127

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &  
Certificate 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS  
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American Specialty Health Insurance Company

---

May 2, 2017

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

RE: American Specialty Health Insurance Company Corporate Amendment Application

To Whom It May Concern:

Please allow this letter to serve as American Specialty Health Insurance Company's, ("ASHIC"), response to your request for additional elements to complete our redomestication from Illinois to Indiana. Please find enclosed:

- Completed application for amendment
- Original certificate evidencing the amendment
- Check for \$35 to cover amendment fees
- This letter, which includes complete contact information.

Please contact me with any questions or concerns at [sarahru@ashn.com](mailto:sarahru@ashn.com) or 800-848-3555 x 1127.  
Thank you for your time and assistance.

Best regards,

A handwritten signature in cursive script that reads "Sarah D. Russell".

Sarah D. Russell  
Associate Director  
Regulatory and Program Compliance.

Cc: James Van Beek, Vice President Regulatory and Program Compliance

Enclosures



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 16, 2017

SARAH RUSSELL  
AMERICAN SPECIALTY HEALTH INSURANCE COMP  
12318 HANCOCK ST  
CARMEL, IN 46032

SUBJECT: AMERICAN SPECIALTY HEALTH INSURANCE COMPANY  
Ref. Number: F03000004473

We have received your document for AMERICAN SPECIALTY HEALTH INSURANCE COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In Section I you are stating that this is an Indiana Corporation. According to our records this is an Illinois Corporation please make that correction. It appears that you are just changing the jurisdiction in this amendment. You will need the proper certification evidencing this change of redomestication.

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) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 717A00009782

**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)**

F03000004473

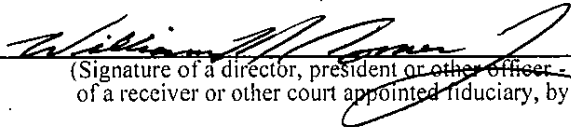
(Document number of corporation (if known))

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 MAY -9 AM 11:07

1. American Specialty Health Insurance Company  
(Name of corporation as it appears on the records of the Department of State)
2. Illinois  
(Incorporated under laws of)
3. September 5, 2003  
(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? Not Applicable
5. Not Applicable  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- Not Applicable  
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indicate new period of duration.  
Not Applicable  
(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.  
Indiana  
(New jurisdiction)
8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

William M. Comer, Jr.

(Typed or printed name of person signing)

Treasurer, CFO, Director, EVP

(Title of person signing)

Department of Insurance  
State of Indiana  
OFFICE OF  
Insurance Commissioner  
**CERTIFICATE OF AUTHORITY**

Indianapolis, Indiana December 15, 2016

Whereas, the *American Specialty Health Insurance Company* an insurance company organized under the laws of *Indiana*, and located in *Carmel, Indiana* having complied with all the requirements of the laws regulating *Stock Life Insurance Companies* doing business in the State of *Indiana*.

Therefore, as Insurance Commissioner of the State of *Indiana*, by virtue of authority vested in me by law, I do hereby authorize, empower and license the above named company to transact its appropriate business of:

*Class I (a)(b)*

through its duly authorized agents in the State of *Indiana*, in accordance with the laws thereof which are applicable to said Company.

IN TESTIMONY WHEREOF I hereunto  
subscribe my name and affix the seal of my  
office the date written above.

*Stephen W. Robertson*

Stephen W. Robertson

INSURANCE COMMISSIONER



Applicant Name: **American Specialty Health Insurance Company**

NAIC No: 84697  
FEIN: 36-2805852

## Uniform Certificate of Authority Application (UCAA)

### Certificate of Compliance

State of Indiana Office of the Insurance Commissioner:

I, Stephen W. Robertson, hereby certify that I am the\* Insurance Commissioner, of the State of Indiana and I have supervision of insurance business in said State and as such I hereby certify that **American Specialty Health Insurance Company of Carmel, Indiana** is duly organized under the laws of said State and is authorized to transact the business\*\* of **Class I (a)(b)** insurance in this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand at Indianapolis,

Indiana on this **6th** day of **April, 2017 A.D.**

*Stephen W. Robertson*

Insurance Commissioner



Stephen W. Robertson  
(printed name)

- \* Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.
- \*\* Lines of Insurance as shown on Form 3 of UCAA

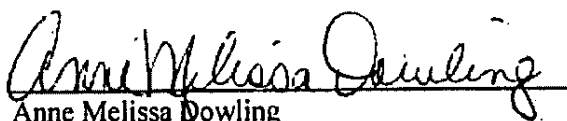


**AMENDED CERTIFICATE OF AUTHORITY**

WHEREAS, the AMERICAN SPECIALTY HEALTH INSURANCE COMPANY located at Carmel, Indiana has complied with all of the requirements of the "*Illinois Insurance Code*" applicable to said Company:

NOW, THEREFORE, I, the undersigned, Acting Director of Insurance of the State of Illinois, do hereby authorize the said Company to transact its appropriate business as set forth under Clause(s) (a) and (b) of Class 1 of Section 4 of the "*Illinois Insurance Code*" in this State, in accordance with the laws thereof, until the 1<sup>st</sup> day of JULY, 2017.

IN TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of my office. Done at the City of Springfield, in the State of Illinois, this 4th day of January, 2017, to be effective December 15, 2016.

  
Anne Melissa Dowling  
Acting Director of Insurance





Company Name: American Specialty Health Insurance Company

NAIC No: 84697  
FEIN: 36-2805852

Certificate of Similarity

INSURANCE DEPARTMENT  
STATE OF INDIANA  
Office of  
COMMISSIONER OF INSURANCE

Indianapolis, Indiana February 16, 2017

I, Stephen W. Robertson, Commissioner of Insurance of the state of Indiana, do hereby certify that I have caused to have compared the annexed copy of the **Articles of Incorporation for Redomestication of American Specialty Health Insurance Company** with the original on file at this Department and find the same to be a correct transcript of the whole of said original.



In witness whereof, I have hereunto  
set my hand and affixed my official  
seal the day and year first above  
written.

*Stephen W. Robertson*

Stephen W. Robertson, Insurance Commissioner

**APPROVED**

*Stephen W. Robertson*  
DEC 15 2016

Approved and Filed  
201612221173527/7468876  
Filing Date: 01/03/2017  
Effective: 12/22/2016 09:45  
CONNIE LAWSON  
Indiana Secretary of State

**ARTICLES OF INCORPORATION FOR REDOMESTICATION  
OF  
STATE OF INDIANA AMERICAN SPECIALTY HEALTH INSURANCE COMPANY,  
DEPT. OF INSURANCE an Illinois Stock Insurance Company  
Redomesticating to become an Indiana Stock Insurance Company**

American Specialty Health Insurance Company (the "Company"), an insurance company duly existing under the laws of Illinois and desiring to give notice of corporate action effectuating an amendment and restatement of its Articles of Incorporation as a part of and in connection with the Company's redomestication from Illinois to Indiana, hereby files these Articles of Incorporation for Redomestication with the Indiana Department of Insurance and sets forth the following facts:

**Article I  
Articles of Incorporation for Redomestication**

Section 1. The Company was incorporated on December 27, 1972.

Section 2. The name of the Company currently and following this amendment and restatement is and will be American Specialty Health Insurance Company.

Section 3. Upon the effectiveness of these Articles of Incorporation for Redomestication, the Company's Articles of Incorporation shall be amended and restated in their entirety in the form attached hereto and marked Exhibit A (the "Articles of Incorporation for Redomestication").

**Article II  
Effective Time**

The Articles of Incorporation for Redomestication shall be effective as of 11:59:59 p.m. on the date these Articles of Incorporation for Redomestication are accepted for filing by the Secretary of State of the State of Indiana.

**Article III  
Manner of Adoption and Vote**

Section 1. Action by Directors. The Board of Directors of the Company, by unanimous written consent, adopted resolutions (1) approving the Company's redomestication from Illinois to Indiana, and (2) approving the Articles of Incorporation for Redomestication, both in accordance with the authorization of the Company's shareholders.

Section 2. Action by Shareholders. The shareholders of the Company, holding all of the issued and outstanding shares of the Company's voting stock, acting by unanimous written consent in lieu of a special meeting called by the Board of Directors, adopted resolutions, effective July 27, 2015 and Oct. 28, 2016, (1) approving the Company's redomestication to Indiana, and (2) adopting the Articles of Incorporation for Redomestication.

Section 3. Compliance with Legal Requirements. The manner of the adoption of the resolutions approving the Company's redomestication to Indiana and adoption of the Articles of Incorporation for Redomestication and the written consents by which such resolutions were adopted constitute full legal compliance with the provisions of the Indiana Insurance Law and applicable Illinois law; and the Company's Articles of Incorporation and Bylaws.

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INCORPORATIONS DIV  
2016 DEC 22 09:45

Approved and Filed  
201612221173527/7468876  
Filing Date: 01/03/2017  
Effective :12/22/2016 09:45  
CONNIE LAWSON  
Indiana Secretary of State

IN WITNESS WHEREOF, the undersigned officers of the Company have executed these Articles of Incorporation for Redomestication of American Specialty Health Insurance Company and certify to the truth of the facts herein stated, this 28 th day of Oct., 2016,

George T. DeVries, III, Chairman, CEO

Robert P. White, COO, President, Secretary

Kevin E. Kujawa, CIO, EVP

Jerome Bonhomme, CTO, EVP

R. Douglas Metz, DC, CHSO, EVP

William M. Comer, Jr., CFO, EVP, Treasurer

Julie K. Jennings, EVP

Approved and Filed  
2016122211735277468876  
Filing Date: 01/03/2017  
Effective :12/22/2016 09:45  
CONNIE LAWSON  
Indiana Secretary of State

**EXHIBIT A**

**ARTICLES OF INCORPORATION FOR REDOMESTICATION  
OF  
AMERICAN SPECIALTY HEALTH INSURANCE COMPANY**

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**ARTICLES OF INCORPORATION FOR REDOMESTICATION  
OF  
AMERICAN SPECIALTY HEALTH INSURANCE COMPANY**

American Specialty Health Insurance Company (the "Company"), pursuant to the provisions of Indiana Insurance Law, executes the following Articles of Incorporation for Redomestication ("Articles").

**ARTICLE I**

The name of the Company is American Specialty Health Insurance Company:

**ARTICLE II**

1. Location of Principal and Executive Offices. The post office address and location of the Company's principal and executive office at the time of the effectiveness of these Articles is:

12800 North Meridian Street, Carmel, Indiana 46032

The Company also maintains principal offices in the San Diego, California and Dallas, Texas regions. The location of the Company's principal office and the location of its executive office shall be at such location or locations as the Board of Directors of the Company shall from time to time direct.

2. Registered Agent. The name and address of the Company's registered agent at the time of the effectiveness of these Articles is:

Officer, American Specialty Health Insurance Company  
12318 Hancock Street, Carmel, Indiana 46032

**ARTICLE III**

The duration of the Company shall be perpetual.

**ARTICLE IV**

1. The Company was formed for the purpose of conducting the business of, and acting as, a stock insurance company with the power to write such kinds of insurance and reinsurance as are

comprised under Classes 1(a) and 1(b) of Indiana Code § 27-1-5-1, as amended, and as broadly as construed by the Indiana Department of Insurance from time to time.

2. The Company shall have and may exercise all of the rights, privileges and powers set forth in Indiana Code § 27-1-7-2, as amended, and as otherwise authorized by the Indiana Insurance Law, as amended, and shall have the power to do all acts and things necessary, convenient or expedient to carry out the purposes for which it was formed.

3. The plan or principle upon which the business of the Company is to be or may be conducted in Indiana and in other jurisdictions is as follows:

To transact business as a stock insurance company engaged in writing the kinds of insurance and reinsurance as are comprised under Classes 1(a) and 1(b) of Indiana Code § 27-1-5-1, as amended, and as broadly as construed by the Indiana Department of Insurance from time to time.

#### ARTICLE V

1. The business of the Company shall be managed by a Board of Directors composed of such number of natural persons, not less than five nor more than twenty-one, as may be fixed from time to time by the By-laws of the Company. Such persons shall be at least twenty-one years of age. The directors shall have all of the qualifications, powers and authority and shall be subject to all limitations as set forth in the Indiana Insurance Law. The majority of the directors must, during their entire terms of service meet the residency requirements of the Indiana Insurance Law, which as of the effective date of these Articles requires directors during their entire terms of service to be citizens of the United States or Canada, and at least one Director must reside in Indiana. In the event of a change in the Indiana Insurance Law, the residency requirements for directors may be specified from time to time in the Company's By-laws. The Company shall have nine (9) directors at the effective time of these Articles and thereafter until such time as a different number of directors is specified in the manner provided in the Company's By-laws.

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2. The full Board of Directors shall be elected annually by the shareholders at a duly held meeting. Any vacancy in the Board of Directors may be filled by election at a special meeting of the shareholders for that purpose. All directors elected by the shareholders shall hold office until the annual meeting of the shareholders next succeeding their election and until their successors are elected and qualified.

3. A director may be removed, with or without cause, only by a majority vote of the shareholders at a meeting called for the purpose removing the director and for which the meeting notice states that a purpose of the meeting include the removal the director.

4. In all elections for directors every shareholder shall have the right to vote, in person or by proxy, for the number of shares owned by him, for as many persons as there are directors to be elected, or to cumulate said shares, and give one candidate as many votes as the number of directors multiplied by the number of his shares shall equal, or to distribute them on the same principle among as many candidates as he shall think fit.

4. The Board of Directors shall have the sole power to make, alter, amend or repeal Bylaws for the government and regulation of the Company's affairs.

5. The names, occupations and post office addresses of the incorporators, first officers, and first directors of the Company at the time of the original incorporation on December 27, 1972 is included with in the original incorporation documents of the Company, which are hereby incorporated by reference. At the time of the adoption of these Articles, the directors of the Company were as follows:

George T. DeVries, III Chairman & Chief Executive Officer 10221 Wateridge Circle San Diego, CA 92121 Board Member – 11/01/2001	R. Douglas Metz, DC Chief Health Services Officer & Executive Vice President 12800 North Meridian Street Carmel, IN 46032 Board Member – 11/01/2001
--------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------

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201612221173527/7468876  
Filing Date: 01/03/2017  
Effective :12/22/2016 09:45  
CONNIE LAWSON  
Indiana Secretary of State

William M. Comer, Jr. Chief Financial Officer, Executive Vice President & Treasurer 10221 Wateridge Circle San Diego, CA 92121 Board Member – 09/28/2008	Paul Peterson 436 South Thurlow Hinsdale, IL 60521 Board Member – 12/01/2001
Monte Dube Proskaur Rose LLP 70 West Madison, Suite 3800 Chicago, IL 60602 Board Member – 12/01/2001	Robert P. White Chief Operations Officer, President & Secretary 10221 Wateridge Circle San Diego, CA 92121 Board Member – 11/01/2001
Julie K. Jennings Executive Vice President 12800 North Meridian Street Carmel, IN 46032 Board Member – 11/01/2001	Daniel T. Yunker 2 Poole Court Batavia, IL 60510 Board Member – 07/12/2012
Kevin E. Kujawa Chief Information Officer & Executive Vice President 12800 North Meridian Street Carmel, IN 46032 Board Member – 11/01/2001	Jerome Bonhomme Chief Technology Officer & Executive Vice President 10221 Wateridge Circle San Diego, CA 92121 Board Member – 09/18/2015

#### ARTICLE VI

1. The authorized capital of the company shall be \$3,000,000. The aggregate number of shares of capital stock which the Company shall have the authority to issue without amendment of these Articles shall be 300,000 shares of common stock with a par value of \$10 per share. At the time of the adoption of these Articles, the Company had 300,000 shares of common stock issued and outstanding.

2. No holder of shares of the Company shall have any preemptive or other preferential right to subscribe for or purchase shares of the Company or any warrants or other instruments issued by the Company carrying the right to subscribe for or purchase shares of the Company, which may be issued at any time hereafter and whether now or hereafter authorized; nor any right to subscribe for or purchase any thereof, other than such, if any, as the Board of Directors, in its discretion, may determine.

3. The amount of paid-in capital with which the Company will begin business as an Indiana domestic insurance company will not be less than \$1,000,000, and the amount of surplus with which the Company will begin business as an Indiana domestic insurance company will not be less than

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AM 9:45



\$1,000,000. Representations with respect to the amounts of the Company's initial paid-in capital and surplus set forth by the original incorporators of the Company in the original incorporation documents of the Company are hereby incorporated by reference.

#### ARTICLE VII

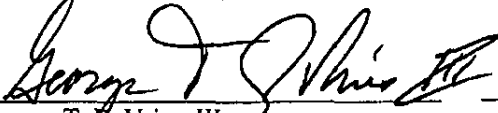
All meetings of shareholders shall be held at such place, within or outside of the State of Indiana, as may be specified in the By-laws of the Company, as from time to time in effect, or as may be designated by the Board of Directors or the officers of the Company calling the meeting.


#### ARTICLE VIII

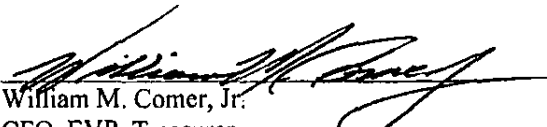
The Company reserves the right to amend, alter, change or repeal any provision contained in these Articles or in any amendment hereto or to add any provision to these Articles or to any amendment hereto in any manner now or hereafter prescribed or permitted by the provisions of the Indiana Insurance Law as from time to time in effect or by the provisions of any other applicable statute of the State of Indiana. All rights conferred upon shareholders in these Articles or any amendment hereto are granted subject to this reservation.

Approved and Filed  
2016122211735277468878  
Filing Date: 01/03/2017  
Effective: 12/22/2016 09:45  
CONNIE LAWSON  
Indiana Secretary of State

IN WITNESS WHEREOF, we have executed these Articles of Incorporation for  
Redomestication and have hereunto affixed the corporate seal of American Specialty Health Insurance  
Company, this 28<sup>th</sup> day of Oct., 2016.

  
George T. DeVries, III  
Chairman, CEO

  
Robert P. White  
President, COO, Secretary

  
William M. Comer, Jr.  
CFO, EVP, Treasurer

(Seal)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of San Diego

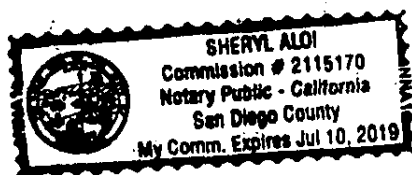
Subscribed and sworn to (or affirmed) before me this 28 day of Oct., 2016, by  
Date Month

(1) George T. DeVries, III, (2) Robert P. White, and (3) William M. Comer, Jr., proved to  
Name(s) of Signer(s)

me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature   
Signature of Notary Public

My Commission expires 7/10/2019.



(Notary Seal)

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CORPORATION, INC.  
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CONNIE LAWSON  
Indiana Secretary of State

STATE OF INDIANA  
**OFFICE OF THE ATTORNEY GENERAL**

INDIANA GOVERNMENT CENTER SOUTH, FIFTH FLOOR  
302 W. WASHINGTON STREET • INDIANAPOLIS, IN 46204-2770  
[www.AttorneyGeneral.IN.gov](http://www.AttorneyGeneral.IN.gov)

**GREG ZOELLER**  
INDIANA ATTORNEY GENERAL

TELEPHONE: 317.232.6201  
FAX: 317.232.7979

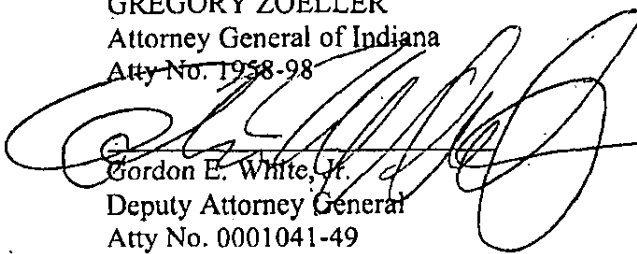
December 22, 2016

CERTIFICATION

I have examined the Articles of Incorporation for Redomestication of American Specialty Health Insurance Company, and I certify that they conform to the provisions of the Indiana Insurance Law and are not inconsistent with the State and Federal Constitutions.

Respectfully submitted,

GREGORY ZOELLER  
Attorney General of Indiana  
Atty No. 1958-98

  
Gordon E. White, Jr.  
Deputy Attorney General  
Atty No. 0001041-49

856314

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Applicant Company Name: AMERICAN SPECIALTY HEALTH INSURANCE COMPANY  
UCAA Tracking Number: 78695-000

NAIC No. 84697  
FEIN: 36-2805852

**Uniform Certificate of Authority Application (UCAA)**  
**APPLICATION TO AMEND CERTIFICATE OF AUTHORITY**  
**Corporate Amendments Application**

To the Insurance Commissioner/Director/Superintendent of the State of:

Alabama	✓	Montana	✓
Alaska		Nebraska	✓
Arizona	✓	Nevada	✓
Arkansas	✓	New Hampshire	✓
California	✓	New Jersey	
Colorado	✓	New Mexico	✓
Connecticut		New York	
Delaware	✓	North Carolina	
District of Columbia	✓	North Dakota	✓
Florida	✓	Ohio	✓
Georgia	✓	Oklahoma	✓
Hawaii	✓	Oregon	✓
Idaho	✓	Pennsylvania	✓
Illinois		Puerto Rico	
Indiana		Rhode Island	
Iowa	✓	South Carolina	✓
Kansas	✓	South Dakota	✓
Kentucky	✓	Tennessee	✓
Louisiana	✓	Texas	✓
Maine		Utah	✓
Maryland	✓	Vermont	✓
Massachusetts	✓	Virginia	✓
Michigan	✓	Washington	✓
Minnesota	✓	West Virginia	✓
Mississippi	✓	Wisconsin	✓
Missouri	✓	Wyoming	✓

(Check the appropriate states in which the Applicant Company is applying.)

The Uniform Certificate of Authority Corporate Amendments Application can be used to file more than one change in the same submission. The Applicant Company should mark all changes being filed on the application form and submit all items required for those changes in one package

- ☐ Add Lines of Business: The undersigned Applicant Company hereby certifies that the lines of insurance as indicated on the Lines of Insurance Form 3 are all lines of business that (a) the Applicant Company is currently authorized to transact, (b) are currently transacted and (c) which the Applicant Company is applying to transact.
- ☐ Name Change
- ☐ Delete Lines of Business
- ☒ Redomestication of a Foreign Insurer IN
- ☐ Change of Statutory Home Office Address
- ☐ Merger of Two or More Foreign Insurers
- ☐ Pre-notification of Change of Control of Foreign Insurer
- ☐ Notification of Change of Control of Foreign Insurer
- ☐ Amended Articles of Incorporation
- ☐ Amended Bylaws

(Check the type of transaction for which the Applicant Company is applying.)

Applicant Company Name: AMERICAN SPECIALTY HEALTH INSURANCE COMPANY  
UCAA Tracking Number: 78695-000

NAIC No. 84697  
FEIN: 36-2805852

Previous Name of Applicant Company: \_\_\_\_\_ NAIC No. \_\_\_\_\_

Previous Group Name: \_\_\_\_\_ Group Code \_\_\_\_\_

New Name of Applicant Company: \_\_\_\_\_ NAIC No. \_\_\_\_\_

New Group Name: \_\_\_\_\_ Group Code \_\_\_\_\_

Effective Date of Change of Control of Foreign Insurer: \_\_\_\_\_ Group Code: Previous \_\_\_\_\_ New \_\_\_\_\_

Effective Date of Redomestication: 12/15/2016 Previous State: Illinois New State: Indiana

Effective Date of Name Change: \_\_\_\_\_ Effective Date of Merger: \_\_\_\_\_

Effective Date of Statutory Home Office Address Change: 12/15/2016

Previous Statutory Home Office Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

New Statutory Home Office Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Previous Administrative Office Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

New Administrative Office Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Previous Mailing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Are these addresses the same as those shown on the Applicant Company's Annual Statement?

Yes ☐ No ☐

If not, indicate why.

Did the Applicant Company experience a merger or an owner change prior to the name change?

Yes ☐ No ☐

If yes, please be sure an application is also submitted for the merger and/or ownership change transaction.

A Certificate of Compliance from Applicant Company's state of domicile (for foreign applicants) and the Applicant Company's original Certificate of Authority or an Affidavit of Lost Certificate of Authority must accompany this application. (not applicable for Change of Control, Amended Articles of Incorporation or Amended Bylaws.)

Applicant Company Name: AMERICAN SPECIALTY HEALTH INSURANCE COMPANY  
UCAAA Tracking Number: 78695-000

NAIC No. 84697  
FEIN: 36-2805852

Current Name of Surviving Applicant Company: \_\_\_\_\_ NAIC No. \_\_\_\_\_ Group Code \_\_\_\_\_

Proposed New Name of Surviving Applicant Company: \_\_\_\_\_ NAIC No. \_\_\_\_\_ Group Code \_\_\_\_\_

Name of Non-Surviving Insurer: \_\_\_\_\_ NAIC No. \_\_\_\_\_ Group Code \_\_\_\_\_

Name of Surviving Insurer: \_\_\_\_\_ NAIC No. \_\_\_\_\_ Group Code \_\_\_\_\_

Surviving Applicant Company's

Home Office Address \_\_\_\_\_

Administrative Office Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Has the Applicant Company's designee to appoint and remove agents changed as a result of this corporate amendment?

Yes ☐ No ☒

If yes, please note the new designee (name natural persons only): \_\_\_\_\_

Date of Last Market Conduct Examination \_\_\_\_\_

Has the Applicant Company had an application for these lines of business refused by this or any other state prior to the date of this application?

Yes ☐ No ☐

If yes, give full explanation in an attached letter.

The following information is required of the individual who is authorized to represent the Applicant Company before the department.

Name William Comer, Jr.

Title Chief Financial Officer & Treasurer

Mailing Address 10221 Wateridge Circle, San Diego California, 92121

E-Mail Address: sarahru@ashn.com Phone: 800-848-3555 Fax: \_\_\_\_\_

If the representative is not employed by the Applicant Company, please provide a company contact person in order to facilitate requests for detailed financial information.

Name \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please provide a listing of all other applications filed by the Applicant Company, or any of its affiliates, which are pending before the Department.

None.

Applicant Company Name: AMERICAN SPECIALTY HEALTH INSURANCE COMPANY  
UCAA Tracking Number: 78695-000

NAIC No. 84697  
FEIN: 36-2805852

### Applicant Company Officers' Certification and Attestation

One of the three officers (listed below) of the Applicant Company must read the following very carefully before signing:

1. I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject me, the Applicant Company, or both, to civil or criminal penalties.
2. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions in which the Applicant Company is licensed or to which the Applicant Company is applying for licensure.
3. I acknowledge that I am the Chief Financial Officer, EVP & Treasurer of the Applicant Company, am authorized to execute and am executing this document on behalf of the Applicant Company.
4. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed at San Diego, CA.

02/17/2017

Date

☒ I hereby intend by checking this box to be the equivalent of my signature

Signature of President

Robert P White

Full Legal Name of President

02/17/2017

Date

☒ I hereby intend by checking this box to be the equivalent of my signature

Signature of Secretary

Robert P White

Full Legal Name of Secretary

02/17/2017

Date

☒ I hereby intend by checking this box to be the equivalent of my signature

Signature of Treasurer

William M Comer, Jr.

Full Legal Name of Treasurer

AMERICAN SPECIALTY HEALTH INSURANCE COMPANY

Applicant Company

02/17/2017

Date

☒ I hereby intend by checking this box to be the equivalent of my signature

Signature of Witness

Sheryl J Alois

Full Legal Name of Witness