

# F04 0000003150

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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP      WAIT      MAIL

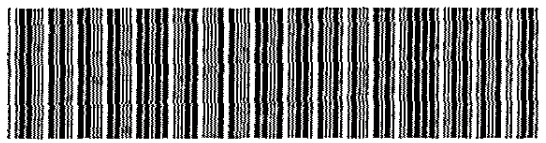
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JUN -7 PM 2:41

### FILED

*New Foreign  
SB*

STATE NATIONAL SPECIALTY INSURANCE COMPANY (242415), A FL CORP. REDOMESTICATED TO TEXAS UNDER THE NAME STATE NATIONAL SPECIALTY INSURANCE COMPANY, (F04000003150) - THIS REDOMESTICATION IS DEEMED A MERGER PURSUANT TO 607.1107(5), F.S. - FILED 6/7/04

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** State National Specialty 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:

Lyndal S. Stephens  
(Name of Person)

State National Companies  
(Firm/Company)

8200 Anderson Blvd.  
(Address)

Fort Worth, Texas 76120  
(City/State and Zip code)

For further information concerning this matter, please call:

Lyndal S. Stephens at ( 800 ) 877-4567 ext. 1249  
(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:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. State National Specialty Insurance Company  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Texas 3. 75-2816775  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/30/60 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 11/30/60 under document number 242415  
(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. 8200 Anderson Blvd. Fort Worth, Texas 76120  
(Principal office address)

8200 Anderson Blvd. Fort Worth, Texas 76120  
(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: CT Corporation

Office Address: 1200 South 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)

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 business addresses of officers and/or directors:

**FILED**  
JUN -7 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**A. DIRECTORS**

Chairman: **Lonnie K. Ledbetter**

Address: **8200 Anderson Blvd. Fort Worth, Texas 76120**

Vice Chairman: **N/A**

Address:

Director: **Terry L. Ledbetter**

Address: **8200 Anderson Blvd. Fort Worth, Texas 76120**

Director: **Lonnie K. Ledbetter**

Address: **8200 Anderson Blvd. Fort Worth, Texas 76120**

**B. OFFICERS**

President: **Terry L. Ledbetter**

Address: **8200 Anderson Blvd. Fort Worth, Texas 76120**

Vice President: **Lonnie K. (Trace) Ledbetter III**

Address: **8200 Anderson Blvd. Fort Worth, Texas 76120**

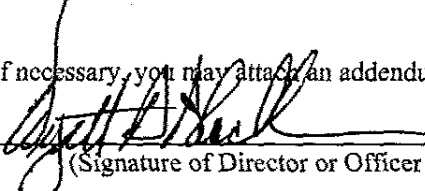
Secretary: **Wyatt D. Blackburn**

Address: **8200 Anderson Blvd. Fort Worth, Texas 76120**

Treasurer: **David D. Hale**

Address: **8200 Anderson Blvd. Fort Worth, Texas 76120**

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

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. **Wyatt D. Blackburn, Secretary**  
(Typed or printed name and capacity of person signing application)



THE TREASURER OF THE STATE OF FLORIDA  
DEPARTMENT OF INSURANCE

TOM GALLAGHER

**FILED**

JUN 12 2001

Treasurer and  
Insurance Commissioner  
Decreted by DG

IN THE MATTER OF:

Case No. 41274-01-CO

**STATE NATIONAL SPECIALTY  
INSURANCE COMPANY**

*Redomestication of a Florida Domestic Insurer*

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CONSENT ORDER

THIS CAUSE came on for consideration as the result of an agreement by and between STATE NATIONAL SPECIALTY INSURANCE COMPANY (hereinafter referred to as "STATE NATIONAL"), a Florida domestic insurer, and the FLORIDA DEPARTMENT OF INSURANCE (hereinafter referred to as the "DEPARTMENT") regarding STATE NATIONAL's request to the DEPARTMENT for approval to transfer its domicile to the State of Texas, pursuant to Section 628.525, Florida Statutes. The Treasurer and Insurance Commissioner, as agency head of the DEPARTMENT, having considered said agreement, and being otherwise fully advised in the premises, hereby finds, and STATE NATIONAL agrees, as follows:

1. The Treasurer and Insurance Commissioner, as agency head of the DEPARTMENT, has jurisdiction over STATE NATIONAL and the subject matter of this proceeding.

2. On or about August 2, 2000, **STATE NATIONAL** submitted to the **DEPARTMENT** its request for approval to transfer its domicile to the State of Texas, pursuant to Section 628.525, Florida Statutes. **STATE NATIONAL** has thereafter supplemented and amended said request with additional information, documents and explanations through submissions to the **DEPARTMENT**. **STATE NATIONAL** materially represents that all representations, submissions, documents and explanations provided to the **DEPARTMENT** in relation to **STATE NATIONAL's** request for approval to transfer its domicile to the State of Texas fully describe all agreements, relationships, understandings and transactions pertinent to the proposed redomestication, and that all of said representations, submissions, documents and explanations, and those made herein, are material to the issuance of this Consent Order.

3. **STATE NATIONAL** represents that its redomestication in the State of Texas will not affect its current operations in the State of Florida and that its redomestication in the State of Texas will not adversely affect the interests of its policyholders in the State of Florida.

4. **STATE NATIONAL** is engaged in the process of redomesticating to the State of Texas, as outlined in **STATE NATIONAL's** letters to the **DEPARTMENT** dated August 2, 2000, August 4, 2000, and January 27, 2001. Upon becoming redomesticated in the State of Texas by affirmative act of the State of Texas, **STATE NATIONAL** will become licensed as a foreign insurer in the State of Florida, as defined in Section 624.06(2), Florida Statutes, and, in addition to requirements set forth in this Consent Order, as such shall become subject to all provisions of the Florida Insurance Code that apply to foreign insurers. Moreover, upon becoming redomesticated in the State of Texas, **STATE NATIONAL** shall comply with Parts I and II of Chapter 625, Florida Statutes.

5. **STATE NATIONAL** agrees that it shall honor all of its current claims, liabilities and obligations, and all new claims, liabilities and obligations arising under its policy contracts issued to Florida policyholders. Furthermore, **STATE NATIONAL** agrees that the **DEPARTMENT** retains jurisdiction to enforce the applicable provisions of the Florida Insurance Code which relate to the satisfaction of any current, and future, claims, liabilities and obligations which have arisen and/or may arise on policy contracts issued to Florida policyholders.

6. **STATE NATIONAL** shall honor all obligations to residual markets in the State of Florida.

7. **STATE NATIONAL** shall continue to file its financial statements with the **DEPARTMENT** in compliance with the Annual and Quarterly Statement Instructions issued by the National Association of Insurance Commissioners (hereinafter the "NAIC"), the Accounting Practices and Procedures Manual(s) of the NAIC, and the Florida Insurance Code.

8. Pursuant to Section 628.530, Florida Statutes, **STATE NATIONAL** may continue to use its existing policy forms with appropriate endorsements, and need not endorse its policy forms solely to reflect the new domicile of the company, except as otherwise required herein. **STATE NATIONAL** shall not be required to file new policy forms with the **DEPARTMENT** prior to the effective date of the redomestication, but shall file its policy forms with the **DEPARTMENT** in the future as may otherwise be required by the Florida Insurance Code. In the event that any of **STATE NATIONAL's** previously approved policy forms include reference to Florida as **STATE NATIONAL's** state of domicile, said forms shall be amended and filed with the **DEPARTMENT** for approval no later than thirty (30) days from the effective date of **STATE NATIONAL's** redomestication in the State of Texas.

9. The release to **STATE NATIONAL** of certain securities on deposit with the **DEPARTMENT's** Bureau of Collateral Securities pursuant to Sections 624.411 and 625.51(2)(a), Florida Statutes, shall be contingent upon execution of this Consent Order by the Insurance Commissioner or his designee, upon the receipt by the **DEPARTMENT** of documentation whose source is the Texas Department of Insurance indicating that **STATE NATIONAL** has been redomesticated in the State of Texas, and upon receipt by the **DEPARTMENT** of written verification that no other states are relying on the deposits held by the **DEPARTMENT** pursuant to Sections 624.411 and 625.51(2)(a), Florida Statutes. Subsequent to its redomestication in the State of Texas and receipt of documentation and verification by the **DEPARTMENT** as described in this paragraph, **STATE NATIONAL** shall maintain on deposit with the **DEPARTMENT's** Bureau of Collateral Securities for the sole benefit of Florida policyholders securities eligible for such deposit of a value not less than \$425,000, pursuant to section 624.411 and 625.51(1), Florida Statutes.

10. Subsequent to the execution of this Consent Order by the Insurance Commissioner or his designee and the receipt by the **DEPARTMENT** of documentation whose source is the Texas Department of Insurance indicating that **STATE NATIONAL** has been redomesticated in the State of Texas, all records and assets of **STATE NATIONAL** as a domestic insurer in the State of Florida which are required to be maintained in the State of Florida pursuant to the Florida Insurance Code, except those as otherwise required to be maintained in the State of Florida pursuant to this Consent Order, may be transferred to the State of Texas.



11. Subsequent to the redomestication of **STATE NATIONAL** in the State of Texas, during the time **STATE NATIONAL** meets the definition of a commercially domiciled insurer as set forth in Section 624.075, Florida Statutes, **STATE NATIONAL** shall:

(a) File risk-based capital reports with the **DEPARTMENT** as set forth in Section 624.4085(8)(a), Florida Statutes;

(b) Notify the **DEPARTMENT** in writing no later than thirty (30) days prior to any and all material transaction(s) as set forth in Rule 4-143.047(4), Florida Administrative Code;

(c) At such time as **STATE NATIONAL** no longer meets the definition of a commercially domiciled insurer pursuant to Section 624.075, Florida Statutes, **STATE NATIONAL** shall submit a written request to the **DEPARTMENT** that it no longer be subject to requirements (a) and (b) as set forth in this paragraph. **STATE NATIONAL** shall be subject to requirements (a) and (b) as set forth in this paragraph until such time as it receives written notification from the **DEPARTMENT** that it no longer need comply with said requirements.

12. The **DEPARTMENT** and **STATE NATIONAL** expressly waive their rights to any hearing in this matter, the making of findings of fact and conclusions of law by the **DEPARTMENT**, and all other and further proceedings to which they may be entitled by law or by rules of the **DEPARTMENT**. **STATE NATIONAL** agrees not to challenge or contest this Consent Order in any forum now or in the future available to them, including the rights to any administrative proceeding, circuit or federal court action, or any appeal.

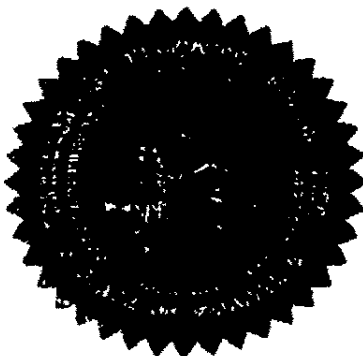
13. **STATE NATIONAL** agrees that the failure by **STATE NATIONAL** to adhere to any of the terms or conditions of this Consent Order may, at the sole discretion of the Treasurer and Insurance Commissioner, be deemed to constitute a willful violation of a lawful

order of the DEPARTMENT, subjecting STATE NATIONAL to such action as the Treasurer and Insurance Commissioner in his sole discretion deems appropriate.

THEREFORE, the request by STATE NATIONAL, a Florida domestic insurer, to transfer its domicile to the State of Texas, be and the same is hereby approved, and effective as of the date of STATE NATIONAL's redomestication in the State of Texas and upon STATE NATIONAL's compliance with provisions of this Consent Order, STATE NATIONAL shall become a foreign insurer in the State of Florida.

FURTHER, all terms and conditions contained herein are hereby ORDERED.

DONE and ORDERED this 13th day of June, 2001.



*[Handwritten Signature]*  
\_\_\_\_\_  
KEVIN McCARTY  
Deputy Insurance Commissioner

By execution hereof, STATE NATIONAL SPECIALTY INSURANCE COMPANY consents to the entry of this Consent Order, agrees without reservation to all of the above terms and conditions and shall be bound by all provisions contained herein. The undersigned represents that he/she has the authority to bind STATE NATIONAL SPECIALTY INSURANCE COMPANY to the terms and conditions of this Consent Order.

Corporate Seal

STATE NATIONAL SPECIALTY  
INSURANCE COMPANY

By: Terry L. Ledbetter

Name: Terry L. Ledbetter

Title: President