

F05000007231

(Requestor's Name)

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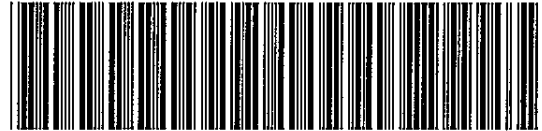
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COMMUNICATIONS SECTION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North American Casualty Co.
(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:

Attn: Ann Wilkins
(Name of Person)

North American Casualty Co.
(Firm/Company)

P.O. Box 3646
(Address)

Omaha, NE 68103-0646
(City/State and Zip code)

For further information concerning this matter, please call:

Ann Wilkins at 402-827-3416
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
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. North American Casualty Co.

(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. Nebraska 3. 20-3785366
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 13, 2005 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10805 Old Mill Road, Omaha, NE 68154
(Principal office address)

P.O. Box 3646, Omaha, NE 68103-0646
(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 NOT acceptable)

Name: CT Corporation System

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.

Sarah B. Angel
(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:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Steven Menzies

Address: P.O. Box 3646

Omaha, NE 68103-0646

Director: Sidney Ferenc

Address: P.O. Box 3646

Omaha, NE 68103-0646

B. OFFICERS

President: Steven Menzies

Address: P.O. Box 3646

Omaha, NE 68103-0646

Vice President: Sidney Ferenc

Address: P.O. Box 3646

Omaha, NE 68103-0646

Secretary: Jeffrey Silver

Address: P.O. Box 3646, Omaha, NE 68103-0646

Treasurer: Sidney Ferenc

Address: P.O. Box 3646, Omaha, NE 68103-0646

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. Jeffrey Silver, Secretary

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

North American Casualty Co.
Additional Director Listing

Jeffrey Silver
P.O. Box 3646
Omaha, NE 68103-0646

16:05:42

Wed Nov 30 5

STATE OF NEBRASKA LETTER OF GOOD STANDING

JOHN A. GALE
Secretary of State

Corporate Division
Room 1301
State Capitol
Lincoln, NE 68509

November 30, 2005

Applied Underwriters, Inc.
PO Box 3646
Omaha, NE 68103-0646

Dear Applied Underwriters, Inc.

Our records indicate that as of November 30, 2005 at 4:05 PM the corporation known as:

NORTH AMERICAN CASUALTY CO.

with registered office in OMAHA, Nebraska, has registered with the Nebraska Secretary of State's Office and is currently in existence and good standing to do business in the State of Nebraska as of the time and date noted above.

Sincerely,

John A. Gale
Secretary of State

Information on this document provided from the records of the Nebraska Secretary of State Office through **Nebrask@ Online**, an instrumentality of the State of Nebraska