

File 60008005056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

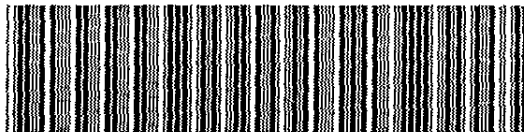
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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GARDERE

attorneys and counselors ■ www.gardere.com

Direct: (512) 542-7030
Direct Fax: (512) 542-7230
lschnarr@gardere.com

July 28, 2006

By Federal Express

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Application by Foreign Corporation for Authorization to Transact
Business in Florida
Catlin Insurance Company, Inc.

Dear Madam or Sir:

Enclosed please find an original and one copy of the above-referenced application for Catlin Insurance Company, Inc. along with the required supporting document(s) and a check in the amount of \$87.50 to cover the filing, certificate of status and certified copy of filed document. Please return filed and certified documents to me in the enclosed self-addressed stamped envelope.

Please note that the Texas Department of Insurance issues a Certificate of Compliance as proof of existence and active status of an insurance company. Thank you for your assistance with this matter. If you have any questions, please give me a call.

Sincerely,


Lea Ann Schnarr
Paralegal

LAS/
Enclosures

AUSTIN 12037v1

GARDERE WYNNE SEWELL LLP
600 Congress Avenue, Suite 3000 Austin, Texas 78701-2978 ■ 512.542.7000 Phone ■ 512.542.7100 Fax
Austin ■ Dallas ■ Houston ■ Mexico City

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Catlin Insurance Company, Inc.
(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:

Lea Ann Schnarr
(Name of Person)
Gardere Wynne Sewell LLP
(Firm/Company)
600 Congress Avenue, Suite 3000
(Address)
Austin, Texas 78701
(City/State and Zip code)

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For further information concerning this matter, please call:

Kimberly A. Yelkin at (512) 542-7000
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing 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

**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. Catlin Insurance Company, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Texas 3. 20-4929941
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/19/1913 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1330 Post Oak Blvd., Suite 2325, Houston, Texas 77056
(Principal office address)

1330 Post Oak Blvd., Suite 2325, Houston, Texas 77056
(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.


(Registered agent's signature)

**Howard L. Volz
Asst. 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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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached listing.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: See attached listing.

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 Director or Officer listed in number 12 of the application)

14. William P. Chauvin, Director and Secretary

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

OFFICERS AND DIRECTORS OF
CATLIN INSURANCE COMPANY, INC.

1. Richard Stephen Banas, Director & President
3340 Peachtree N.E.
Atlanta, GA 30326
2. Paul David Brand, Director
6th Floor, 3 Minter Court
Mincing Lane
London, UK EC3 7DD
3. Vincent Anthony Brazauskas, Director
3340 Peachtree N.E.
Atlanta, GA 30326
4. Stephen John Oakely Catlin, Director
1 Victoria Street
Hamilton, Bermuda HM 11
5. William Pierre Chauvin, Director, Secretary & Treasurer
400 Poydras, Suite 2620
New Orleans, LA 70130
6. Kenneth Fred Goldstein, Director
14 Shadow Lane North
Oakland, NJ 07436
7. Edward Ian James Gray Moss, Director
6th Floor, 3 Minter Court
Mincing Lane
London, UK EC3 7DD

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TALLAHASSEE, FLORIDA

Applicant Name: CATLIN INSURANCE COMPANY, INC.

NAIC: 19518
FEIN: 74-0483530

Uniform Certificate of Authority Application (UCAA)
Certificate of Compliance

State of TEXAS
(Domiciliary state of applicant)

Office of MIKE GEESLIN
(Commissioner, Superintendent, Officer)

I, JEFF HUNT, hereby certify that I am the*
(name)
ADMISSIONS OFFICER of the State of TEXAS
(position)

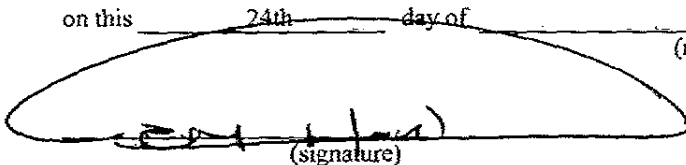
and have supervision of insurance business in said State and as such I hereby certify that
CATLIN INSURANCE COMPANY, INC.
(name of Insurer)

of HOUSTON, TEXAS is duly organized under the laws of said State and is
(city/state)

authorized to transact the business of SEE ATTACHED CERTIFICATE OF AUTHORITY
(line of insurance)**

IN TESTIMONY WHEREOF, I have hereunto set my hand at AUSTIN, TEXAS
insurance in this State.
(location)

on this 24th day of JULY 2006
(month)


(signature)

JEFF HUNT
(printed name)

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TULAH SEATTLE, ALABAMA

- * 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

Texas Department of Insurance



Certificate No. 14146

Company No. 07-003300

Certificate of Authority

THIS IS TO CERTIFY THAT

CATLIN INSURANCE COMPANY, INC.

HOUSTON, TEXAS

has complied with the laws of the State of Texas applicable thereto and is hereby authorized to transact the business of

Fire; Allied Coverages; Inland Marine;-- Ocean Marine; Aircraft--
Liability & Physical Damage; Workers' Compensation & Employers'
Liability; Employers' Liability; Automobile--Liability & Physical
Damage; Liability other than Automobile; Fidelity & Surety; Glass;
Burglary & Theft; Boiler & Machinery and Reinsurance on all lines
authorized to be written on a direct basis

insurance within the state of Texas. This Certificate of Authority shall be in full force and effect until it is revoked, canceled or suspended according to law.

IN TESTIMONY WHEREOF, witness my hand and seal of
office at Austin, Texas, this

21st day of July A.D. 2006

MIKE GEESLIN
COMMISSIONER OF INSURANCE

BY

Godwin Ohaechesi

Godwin Ohaechesi, Director
Company Licensing & Registration

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