

**F06000006868**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

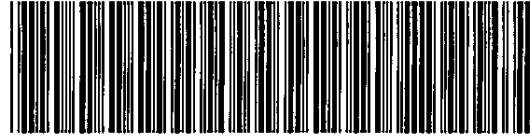
(Business Entity Name)

(Document Number)

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

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06 OCT 30 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers OCT 31, 2006

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Apollo Casualty 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:

Marvin Himmelstein  
(Name of Person)

Apollo Casualty Company  
(Firm/Company)

1001 East Touhy Avenue  
(Address)

Des Plaines, IL 60018  
(City/State and Zip code)

For further information concerning this matter, please call:

Marvin Himmelstein at ( 847 ) 635-8831  
(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

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

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

2. Illinois 3. 36-4039247  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/31/95 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. 1001 East Touhy Ave., Suite 200, Des Plaines, IL 60018  
(Principal office address)

1001 East Touhy Ave., Suite 200, Des Plaines, IL 60018  
(Current mailing address)

8. Reinsurance Underwriter  
(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)

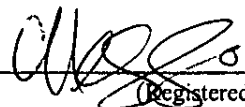
Name: Charles Messina

Office Address: 1180 SW 36th Avenue

Pompano Beach, Florida 33069  
(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.

FILED  
06 OCT 30 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Glenn S. Morris

Address: 1001 East Touhy Avenue, Suite 200, Des Plaines, IL 60018

Director

~~Vice Chairman:~~ Ronald Cohen

Address: 1901 Raymond Drive, Suite 9, Northbrook, IL 60062

Director: Marvin Himmelstein

Address: 1001 East Touhy Avenue, Suite 200, Des Plaines, IL 60018

Director: Kalman Wenig

Address: 2400 Braeburn Ct., Riverwoods, IL 60015

**B. OFFICERS**

President: Marvin Himmelstein

Address: 1001 East Touhy Avenue, Suite 200, Des Plaines, IL 60018

Vice President: Esther Virginia Lingo

Address: 1001 East Touhy Avenue, Suite 200, Des Plaines, IL 60018

Secretary: Ronald Cohen

Address: 1901 Raymond Drive, Suite 9, Northbrook, IL 60062

Treasurer: Marvin Himmelstein

Address: 1001 East Touhy Avenue, Suite 200, Des Plaines, IL 60018

**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. Marvin Himmelstein

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

**Application Addendum: Apollo Casualty Company**

#12 - Names and business addresses of officers and/or directors:

(b) - Additional Officer(s)

Vice President: Deborah Bednarek  
1001 East Touhy Avenue, Suite 200  
Des Plaines, IL 60018

# STATE OF ILLINOIS



## Department of Financial and Professional Regulation Division of Insurance

**WHEREAS**, the Apollo Casualty Company located at Village of Des Plaines in the State of **Illinois** was incorporated pursuant to the provisions of the "**Illinois Insurance Code**" applicable to said Company:

**NOW, THEREFORE**, I the undersigned, Director of Insurance of the State of Illinois, do hereby certify the said Company is authorized to transact its appropriate business as set forth under Clause(s)

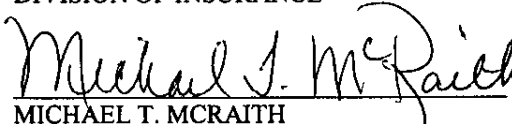
(a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k) of Class 2  
(a), (b), (c), (d), (e), (f), (g), (h) of Class 3

of Section 4 of the "**Illinois Insurance Code**" in this State, in accordance with the laws thereof.

DEPARTMENT OF FINANCIAL AND  
PROFESSIONAL REGULATION of the State of  
Illinois; FERNANDO E. GRILLO, SECRETARY

DATE: October 18, 2006

DIVISION OF INSURANCE

  
MICHAEL T. MCRAITH  
Director of Insurance

