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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

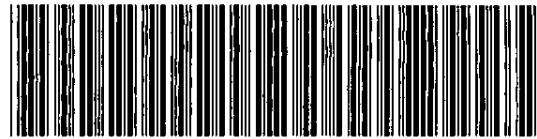
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Censtat 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:

Janet Christoffersen
(Name of Person)

Censtat Casualty Company
(Firm/Company)

P.O. Box 642180
(Address)

Omaha, NE 68164-8180
(City/State and Zip code)

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For further information concerning this matter, please call:

Janet Christoffersen at (402) 399-3467
(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. Censtat Casualty Company
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Nebraska 3. 33-1010163
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 31, 2002 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. No business
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1212 N. 96th Street, Omaha, NE 68114
(Principal office address)

P.O. Box 642180, Omaha, NE 68164-8180
(Current mailing address)

8. Licensed as a property and casualty 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 NOT acceptable)

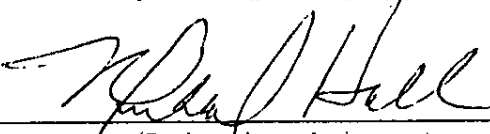
Name: Mike Hall

Office Address: 1359 Summerline Drive

Clearwater . Florida 33764
(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.

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

A. DIRECTORS

Chairman: Richard T. Kizer

Address: 1212 N. 96th Street
Omaha, NE 68114

Vice Chairman: T. Edward Kizer

Address: 1212 N. 96th Street
Omaha, NE 68114

Director: Jeffrey J. Wanning

Address: 1212 N. 96th Street
Omaha, NE 68114

Director: John E. Kizer

Address: 1212 N. 96th Street
Omaha, NE 68114

B. OFFICERS

President: T. Edward Kizer

Address: 1212 N. 96th Street
Omaha, NE 68114

Vice President: Jeffrey J. Wanning

Address: 1212 N. 96th Street
Omaha, NE 68114

Secretary: Rebecca L. Smart

Address: 1212 N. 96th Street, Omaha, NE 68114

Treasurer: Ronald L. Wheeler

Address: 1212 N. 96th Street, Omaha, NE 68114

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

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

(See Attachment)

14. T. Edward Kizer, President
(Typed or printed name and capacity of person signing application)

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Censtat Casualty Company

Attachment: Additional List of Company Officers and Directors

Officers:

| | | |
|-----------------------|----------------|--|
| Richard T. Kizer | Chairman | 1212 N. 96 th Street Omaha, NE 68114 |
| Jaime M. Amodeo | Vice President | 1212 N. 96 th Street Omaha, NE 68114 |
| Jacquelyn C. McCaslin | Vice President | 1212 N. 96 th Street Omaha, NE 68114 |

Directors:

| | | |
|-----------------------|----------|--|
| William Michael Kizer | Director | 1212 N. 96 th Street Omaha, NE 68114 |
|-----------------------|----------|--|

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STATE OF NEBRASKA DEPARTMENT OF INSURANCE CERTIFICATE OF COMPLIANCE

March 7, 2008

I, ANN M. FROHMAN, Director of Insurance for the State of Nebraska, being the official charged by law with the supervision of insurance in said state, do hereby certify that the **CENSTAT CASUALTY COMPANY**, a Nebraska insurance corporation, is duly organized under the laws of this State and that said company has complied with all the requirements of the laws of this State and that it is authorized to issue policies and transact the business of insurance as described by subsection(s) 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17, 18, 19 and 20 of Section 44-201 of the Nebraska Statutes.

I hereto subscribe my name under the seal of my office at Lincoln, Nebraska.



Ann M. Frohman

DIRECTOR OF INSURANCE

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