# F08000001378

(Requestor's Name)	
(Address)	
(Address)	,
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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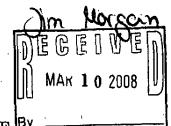
SECRETARY OF STATE ALLAHASSEE, FLORID

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#### **COVER LETTER**

TO:	New Filing Son Division of C			
SUBJE	ECT: HDI-	Gerling America Ins	surance Company	
20202		(Name of corpo	oration - must include suffix	<u> </u>
Dear Si	r or Madam:			
"Certifi		ation by Foreign Corporation nce," and check are submitted orida.		
Please r	eturn all corre	spondence concerning this m	atter to the following:	
Jim N	Morgan			
		(Nan	ne of Person)	
HDI-	Gerling Ai	merica Insurance C	ompany	
-		(Firn	n/Company)	
<u>150 N</u>	N. <u>W</u> acker	Drive, 29th Floor		
		(,	Address)	
Chica	ago, IL 6	0606		
		(City/S	tate and Zip code)	
For furt	her informatio	n concerning this matter, plea	ase call:	
Jim M	<b>1</b> organ	at (_ 31	2 , 456-6779	
	(Name of Per		rea Code & Daytime Telep	hone Number)
			•	
	New Filing So Division of Co Clifton Buildi	orporations ng ve Center Circle	MAILING A New Filing S Division of O P.O. Box 633 Tallahassee,	Section Corporations 27
Enclose	d is a check fo	r the following amount:		
\$70.0	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





FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 29, 2008

JIM MORGAN HDI-GERLING AMERICA INSURANCE COMPANY 150 N. WACKER DRIVE, 29TH FLOOR CHICAGO, IL 60606

SUBJECT: HDI-GERLING AMERICA INSURANCE COMPANY

Ref. Number: W08000010790

We have received your document for HDI-GERLING AMERICA INSURANCE COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 408A00012861

08 MAR 27 AM & 00

## 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.

Illinois		e adopted for the purpose of transacting business in Florid 30-0409219	a)
	under the law of which it is incorporated)	(FEI number, if applicable)	
March 2, 2	2007	Perpetual	
	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual"	<u>')</u>
N/A			
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liability)	•
150 N. Wa	cker Drive, 29th Floor, Chica	ago, IL 60606	
	(Principal office add	lress)	
150 N. Wa	cker Drive, 29th Floor, Chica	ago, IL 60606	
	(Current mailing add	iress)	<del></del>
Insurance			80
	of corporation authorized in home state or co	ountry to be carried out in state of Florida)	MAR.
Name and stree	t address of Florida registered agent: (P.C	<u>∽</u>	27
· Name:	The Prentice-Hall Corporation	System, Inc.	P I
· Ivaine:		FLORIDA	- (
fice Address:	1201 Hays Street	——————————————————————————————————————	
	Tallahassee	, Florida 32301	
	(City)	(Zip code)	
ving been name	ent's acceptance: ed as registered agent and to accept servi	ce of process for the above stated corporation at the nent as registered agent and agree to act in this cap	e place pacity.

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:

Chairman: See Attached Addendum
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President:
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.
(Signature of Director or Officer listed in number 12 of the application)
David E. Neumeister, Vice President, Corporate Secretary & General Counsel

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

#### Question #12, Addendum

#### **HDI-Gerling America Insurance Company Directors**

Chairman:

Jens Wohlthat Riethorst 2 30659 Hannover Germany

Dr. Lothar Becker 150 N. Wacker Drive 29<sup>th</sup> Floor Chicago, IL 60606

Fabrizio Busi 150 N. Wacker Drive 29<sup>th</sup> Floor Chicago, IL 60606

John Hrebec 111 S. LaSalle Street 41<sup>st</sup> Floor Chicago, IL 60606

William Kelty 401 9th Street, NW Suite 400 South Washington, DC 20004

David Neumeister 150 N. Wacker Drive 29<sup>th</sup> Floor Chicago, IL 60606

John Sullivan 1515 West 190th Street Suite 170 Gardena CA 90248

#### **HDI-Gerling America Insurance Company Officers**

Chairman:

Jens Wohlthat Riethorst 2

30659 Hannover

Germany

President & CEO:

Dr. Lothar Becker

150 N. Wacker Drive

29<sup>th</sup> Floor

Chicago, IL 60606

Sr. VP & CFO:

Fabrizio Busi

150 N. Wacker Drive

29th Floor

Chicago, IL 60606

VP, Secretary General Counsel:

David Neumeister

150 N. Wacker Drive

29<sup>th</sup> Floor

Chicago, IL 60606

AVP & Treasurer:

Brian Schoepke

150 N. Wacker Drive

29<sup>th</sup> Floor

Chicago, IL 60606

VP & Asst.

Secretary:

Mark Ackerman

150 N. Wacker Drive

29<sup>th</sup> Floor

Chicago, IL 60606

Vice President:

James Clark

150 N. Wacker Drive

29th Floor

Chicago, IL 60606

Vice President:

Deana Tuomi

150 N. Wacker Drive

29<sup>th</sup> Floor

Chicago, IL 60606

Asst. VP:

Geoff Brodhead

150 N. Wacker Drive

29<sup>th</sup> Floor

Chicago, IL 60606

Asst. VP:

John Thompson 700 North Brand Blvd.

Suite 420 Glendale, CA

Asst. VP:

Donald Rudd

150 N. Wacker Drive \( \) 29<sup>th</sup> Floor

Chicago, IL 60606



MAR 1 4 2008

#### OFFICE OF THE SECRETARY OF ST

JESSE WHITE • Secretary of State

March 11, 2008

HDI-Gerling America Insurance Company Attn: Jim Morgan 150 N Wacker Drive 29th Floor Chicago, IL 60606

RE: HDI-GERLING AMERICA INSURANCE COMPANY

Dear Mr. Morgan:

A Certificate of Good Standing is not attainable from the Secretary of State's office as HDI-Gerling America Insurance Company would not file incorporation papers with our office.

As an insurance company, they would be required to file with the Illinois Department of Insurance.

OFFICE OF THE SECRETARY OF STATE CORPORATION DEPARTMENT Certified Section Telephone (217)782-6875

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## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION Division of Insurance STATE OF ILLINOIS

320 WEST WASHINGTON STREET SPRINGFIELD, ILLINOIS 62767-0001

I, the undersigned, Director of Insurance of the State of Illinois, hereby certify that the document to which this Certification is attached is a true and correct copy of the original now on file in and forming a part of the records of the Illinois Department of Financial and Professional Regulation, Division of Insurance.

In witness whereof, I hereto set my hand and cause to be affixed this Seal in Springfield, Illinois.

Printed on Recycled Paper

IL446-0135 (3/05)

Applicant Name: HDI-Gerling America Insurance Company

NAIC No.	41343	
FEIN:	30-0409219	

### Uniform Certificate of Authority Application (UCAA) Certificate of Compliance

State of Illinois (Domiciliary	state of applicant)		irector of Insurance ommissioner, Superintendent, Officer)
I, Michael T. McR		, hereby certify that I am the*	
Director of Insurar (position	nce	of the State of <u>Illinois</u>	
and have supervision of		aid State and as such I hereby ng America Insurance Compan	
• •			•
of Chicago, Illinois	(city/state)	is duly organ	ized under the laws of said State and is
authorized to transact t	he business of		
(a	), (b), (c), (d), (e), (f)	(line of insurance)** , (g), (h), (i), (j), (k) of Cla	ass 2
(a)	, (b), (c), (d), (e), (f),	(g), (h) of Class 3	<u> </u>
		insurance in	this State.
IN TESTIMONY WHI	EREOF, I have hereunto	set my hand at Springfield,	Illinois
			(location)
on this 7th	day of	January (month)	, A.D. 20 <u>08</u>
Michael I	Morrich		Michael T. McRaith
(s	ignature)	4	(printed name)

\* 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