

F08000003090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

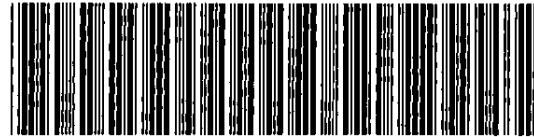
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500131222345

06/13/08--01031--011 **78.75

RECEIVED
08 JUN 13 PM 1:48
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2008 JUL 14 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.S. 6-16



COLODNY · FASS · TALENFELD · KARLINSKY · ABATE

WWW.CFTLAW.COM

Kathleen M. Moore
kmoore@cftlaw.com

June 13, 2008

VIA HAND DELIVERY

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

Re: ~~Amended Annual Report for Florida Property and Casualty
Association-CCE, Inc. and Florida Property and Casualty
Association/Agents-CCE, Inc.~~

Dear Sir or Madame:

Enclosed herewith for filing is two (2) Amended Annual Reports for the above – referenced entities and our checks representing the fee to file the enclosed documents.

Should you have any questions or concerns regarding the enclosed, please do not hesitate to contact me.

Very truly yours,

COLODNY, FASS, TALENFELD,
KARLINSKY & ABATE, P.A.

Kathleen M. Moore

Kathleen M. Moore

Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Universal 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:

Sandy Fay

(Name of Person)

Colodny, Fass, Talenfeld, Karlinsky & Abate, P.A.

(Firm/Company)

100 SE 3rd Avenue, 23rd Floor

(Address)

Fort Lauderdale FL 33394

(City/State and Zip code)

For further information concerning this matter, please call:

Sandy Fay

(Name of Person)

at (954) 492-4010

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2008

COLODNY, FASS, TALENFELD, KARLINSKY & ABATE, P.A.
KATHLEEN M. MOORE
215 S. MONROE ST., STE. 70
TALLAHASSEE, FL 32301

SUBJECT: UNIVERSAL CASUALTY COMPANY
Ref. Number: W08000029060

We have received your document for UNIVERSAL CASUALTY 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 008A00036650

**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. **Universal Casualty Company**

(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. **Illinois**

(State or country under the law of which it is incorporated)

3. **36-2126444**

(FEI number, if applicable)

4. **01/12/1949**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **6-1-2006 (Conducting business as surplus lines insurer) See attached**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **150 Northwest Point Blvd., Suite 200, Elk Grove Village IL 60007**

(Principal office address)

150 Northwest Point Blvd., Suite 200, Elk Grove Village IL 60007

(Current mailing address)

8. **Surplus lines insurer/accredited reinsurer**

(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:

Chief Financial Officer

Office Address:

200 E. Gaines Street

Tallahassee

(City)

, Florida **32314-6200**

(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
2008 JUL 14 PM 3:45
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED

2008 JUL 14 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: See attached listing

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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. _____

Marc C. Romanz, President and CEO

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

Universal Casualty Company ("UCC") is an Illinois corporation. UCC has been operating in Florida since June 1, 2006 as an eligible surplus lines insurer pursuant to a letter of eligibility issued by the Florida Office of Insurance Regulation. UCC has no offices or employees in State of Florida, and sells insurance solely through independent licensed agents who act as independent contractors. Moreover, any solicitation of insurance by Independent agents requires acceptance by UCC in Illinois before a valid contract is made. The business of insurance, when conducted across state lines as it is here, constitutes interstate commerce. Accordingly, pursuant to Section 607.1501(2)(e), (f) and (j), Florida Statutes, UCC's activities do not constitute transacting business within the meaning of Section 607.1501(1), Florida Statutes. As such, UCC was permitted to conduct business as a surplus lines insurer in Florida without obtaining a certificate of authority from the Department of State.



**UNIVERSAL CASUALTY COMPANY
DIRECTORS & OFFICERS**

NAME:

TITLE:

Marc Craig Romanz
150 Northwest Point Blvd. Suite 200
Elk Grove Village IL 60007

President, CEO, Director

James William Gulley, Jr.
150 Northwest Point Blvd. Suite 200
Elk Grove Village IL 60007

Vice President

Kent Evan Lang
150 Northwest Point Blvd. Suite 200
Elk Grove Village IL 60007

Vice President

Cary John Loseau
150 Northwest Point Blvd. Suite 200
Elk Grove Village IL 60007

Vice President

Jay Louis Mieloszyk
150 Northwest Point Blvd. Suite 200
Elk Grove Village IL 60007

Vice President

Michael Lewis Benoit
150 Northwest Point Blvd. Suite 200
Elk Grove Village IL 60007

Treasurer, Director

David Joel Friedman
150 Northwest Point Blvd. Suite 200
Elk Grove Village IL 60007

Secretary

Amy Pinkerman Condo
150 Northwest Point Blvd. Suite 600
Elk Grove Village IL 60007

Chief Legal Officer, Assistant
Secretary

Marshall Romanz
150 Northwest Point Blvd. Suite 200
Elk Grove Village IL 60007

Director

John Francis Sullivan
7120 Hurontario Street Suite 800
Mississauga, Ontario CN L5W0A9

Director

William Shaun Jackson
7120 Hurontario Street Suite 800
Mississauga, Ontario CN L5W0A9

Director

STATE OF ILLINOIS



Department of Financial and Professional Regulation Division of Insurance

WHEREAS, the Universal Casualty Company located at County of Cook 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), (l) of Class 2
(a), (b), (c), (d), (e), (f), (g), (h), (i) 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;

DATE: June 27, 2008

DIVISION OF INSURANCE

Michael T. Mcraith

MICHAEL T. MCRAITH
Director of Insurance

