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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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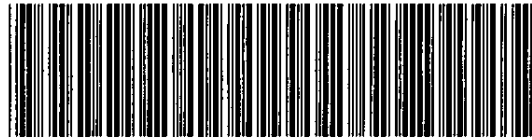
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

VH

28-45353

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Imperial Casualty and Indemnity 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:

Robert J. Thomas

(Name of Person)

Imperial Casualty and Indemnity Company

(Firm/Company)

8000 Warren Parkway, Suite 300

(Address)

Frisco, TX 75043

(City/State and Zip code)

For further information concerning this matter, please call:

Sandra Kochenower

(Name of Person)

at (214) 618-6280

(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

October 1, 2008

ROBERT J. THOMAS
8000 WARREN PARKWAY, SUITE 300
FRISCO, TX 75043

SUBJECT: IMPERIAL CASUALTY AND INDEMNITY COMPANY
Ref. Number: W08000045353

We have received your document for IMPERIAL CASUALTY AND INDEMNITY COMPANY and your check(s) totaling \$87.50. 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.

Please return the corrected original and one copy of 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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 708A00052242

**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. Imperial Casualty and Indemnity 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. Oklahoma

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

3. 47-0412734

(FEI number, if applicable)

4.

(Date of incorporation)

5. Perpetual

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

6.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3555 NW 58TH ST STE 220, Oklahoma City, OK 73112

(Principal office address)

8000 Warren Parkway, Suite 300, Frisco, TX 75034

(Current mailing address)

8.

(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:

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee

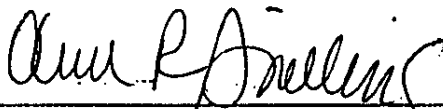
(City)

, Florida 32301

(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)

Ann R. Shilling, Assistant VP

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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Jerry D. Lancaster

Address: 1524 Eastwick Ln., Plano, Texas, USA, 75093

Vice Chairman: _____

Address: _____

Director: Aaron L. Lancaster

Address: 10401 Medinah Greens, Austin, TX, USA, 78717

Director: Robert Henry Mick Thompson

Address: 2102 Terra Trail, Edmond, OK, USA, 73034

B. OFFICERS

President: Derek Duane Lancaster

Address: 6341 Douglas Avenue, Frisco, TX, USA, 75034

Vice President: Dale Richard Schmeltzle

Address: 6001 Volterra Court, Colleyville, TX, USA, 76034

Secretary: Robert Jack Thomas, Jr.

Address: 11554 Cody Lane, Frisco, Texas, USA, 75034

Treasurer: Janice Lee Schindler

Address: 1524 Eastwick Ln., Plano, Texas, USA, 75093

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. Robert Jack Thomas, Jr., Secretary, VP, General Counsel

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

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TALLAHASSEE, FLORIDA

Addendum 1

Additional Imperial Casualty and Indemnity Company Directors are identified as follows:

Nicolas Arizaga- VP/Controller

4629 Baldwin Lane, Plano, Texas, USA, 75024

Stephen Gober – VP/Underwriting

9408 Ruidosa TR, Irving, Texas , USA 75063

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TALLAHASSEE, FLORIDA

OFFICE OF THE SECRETARY OF STATE



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF GOOD STANDING

DOMESTIC FOR PROFIT CORPORATION INSURANCE

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that IMPERIAL CASUALTY AND INDEMNITY COMPANY whose registered agent is CORPORATION SERVICE COMPANY, with its registered office at 115 SW 89TH ST OKLAHOMA CITY 73139 USA Oklahoma is a Domestic For Profit Corporation Insurance duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 7th, day of October, 2008.

M. Susan Savage

Secretary Of State