

F09000003636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

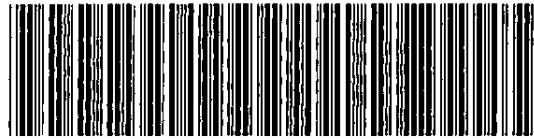
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 SEP -8 PM 4:50

FILED

## COVER LETTER

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

**SUBJECT:** AS&G Claims Administration, Inc.  
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:

Wanda Browning, Executive Vice President  
Name of Person

AS&G Claims Administration, Inc.  
Firm/Company

5300 Hollister, Suite 400  
Address

Houston, TX 77040  
City/State and Zip code

wbrowning@asg-adj.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wanda Browning at ( 713 ) 680-2333  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 21, 2009

WANDA BROWNING, EXECUTIVE VP  
AS&G CLAIMS ADMINISTRATION, INC.  
5300 HOLLISTER, SUITE 400  
HOUSTON, TX 77040

SUBJECT: AS&G CLAIMS ADMINISTRATION, INC.  
Ref. Number: W09000035358

We have received your document for AS&G CLAIMS ADMINISTRATION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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) 245-6934.

Loria Poole  
Regulatory Specialist II

Letter Number: 709A00026615

**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. AS&G Claims Administration, Inc.

(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. Texas 3. 76-0516648  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 29, 1996 5. Perpetual  
(Date of incorporation) (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. 5300 Hollister, Suite 400, Houston, TX 77040  
(Principal office address)

Same  
(Current mailing address)

8. Third Party Administration for insurance claims adjusting  
(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: Kraig Breaux

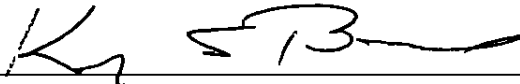
Office Address: 14041 "A" No. Dale Mabry Hwy.

Tampa, Florida 33618  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

**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.

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

**A. DIRECTORS**

Chairman: James T. Abercrombie

Address: 5300 Hollister, Suite 400  
Houston, TX 77040

Vice Chairman: Wanda Browning

Address: 5300 Hollister, Suite 400  
Houston, TX 77040

Director: Monica Abercrombie

Address: 5300 Hollister, Suite 400  
Houston, TX 77040

Director: Leslie Himes

Address: 5300 Hollister, Suite 400  
Houston, TX 77040

**B. OFFICERS**

President: James T. Abercrombie

Address: 5300 Hollister, Suite 400  
Houston, TX 77040

Vice President: Wanda Browning

Address: 5300 Hollister, Suite 400  
Houston, TX 77040

Secretary: Monica Abercrombie

Address: 5300 Hollister, Suite 400, Houston, TX 77040

Treasurer: Leslie Himes

Address: 5300 Hollister, Suite 400, Houston, TX 77040

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

13. Wanda Browning  
(Signature of Director or Officer listed in number 12 of the application)

14. Wanda Browning, Executive Vice President  
(Typed or printed name and capacity of person signing application)

Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697



Hope Andrade  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for A S & G CLAIMS ADMINISTRATION, INC. (file number 140937400), a Domestic For-Profit Corporation, was filed in this office on July 29, 1996.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 02, 2009.



A handwritten signature in black ink, appearing to read "Hope Andrade".

Hope Andrade  
Secretary of State