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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

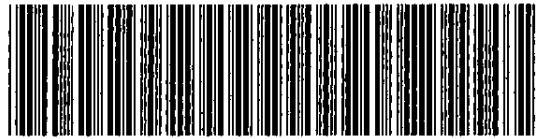
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600171218276

03/19/10--01002--011 **950.00

03/05/10--01017--002 **78.75

FILED

2010 MAR 17 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Amerisafe General Agency, 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," or "Certificate of Good Standing" 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:

Marcy Peoples

Name of Person

American Interstate Insurance Co.

Firm/Company

2301 Highway 190 West

Address

DeRidder, LA 70634

City/State and Zip code

mpeoples@amerisafe.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcy Peoples

Name of Person

at (337) 460-3223

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:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|---|---|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2010

MARCY PEOPLES
AMERICAN INTERSTATE INSURANCE CO.
2301 HIGHWAY 190 WEST
DERIDDER, LA 70634

SUBJECT: AMERISAFE GENERAL AGENCY, INC.
Ref. Number: W10000011611

We have received your document for AMERISAFE GENERAL AGENCY, 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):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$950.00.

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: 910A00005675

RECEIVED
10 MAR 17 PM 1:01
DIVISION OF CORPORATION

**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. Amerisafe General Agency, 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. Louisiana 3. 72-1434769

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

(FEI number, if applicable)

4. 10/08/1998 5. Perpetual

(Date of incorporation)

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

6. 01/01/2007

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

7. 2301 Highway 190 West, DeRidder, LA 70634

(Principal office address)

2301 Highway 190 West, DeRidder, LA 70634

(Current mailing address)

8. Insurance agency selling insurance policies

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

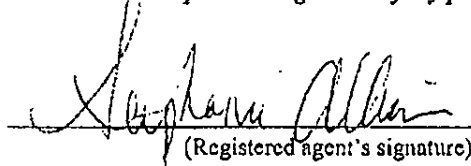
Plantation, Florida 33324

(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)

Stephanie Allison
Assistant Secretary

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.

2010 MAR 17 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

A. DIRECTORS

Chairman: C. Allen Bradley

Address: 2301 Highway 190 West
DeRidder, LA 70634

Vice Chairman: _____

Address: _____

Director: Todd R. Walker

Address: 2301 Highway 190 West
DeRidder, LA 70634

Director: Craig P. Leach

Address: 2301 Highway 190 West
DeRidder, LA 70634

B. OFFICERS

President: Craig P. Leach

Address: 2301 Highway 190 West
DeRidder, LA 70634

Vice President: Todd R. Walker

Address: 2301 Highway 190 West, DeRidder, LA 70634

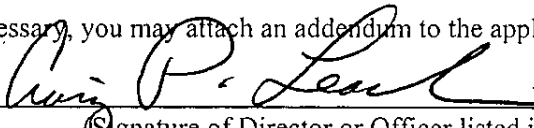
Secretary: Todd R. Walker

Address: 2301 Highway 190 West, DeRidder, LA 70634

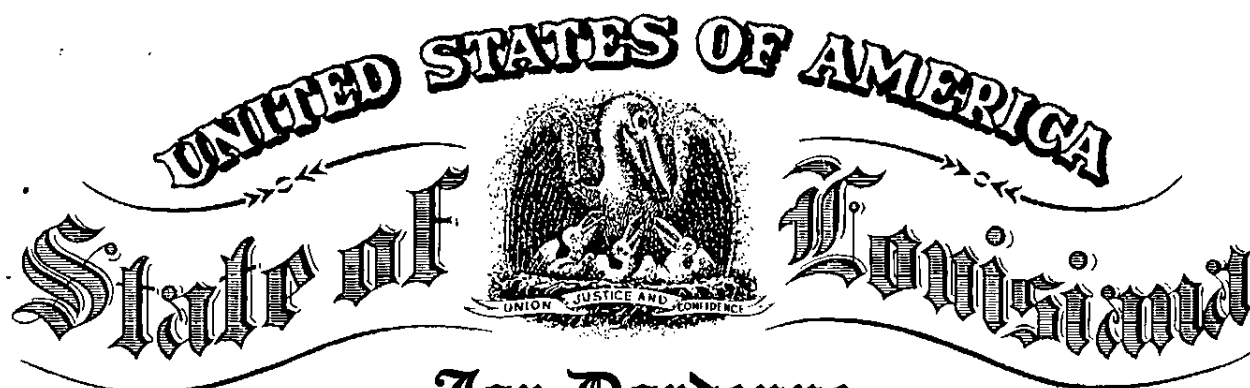
Treasurer: Peter T. Lemann

Address: 2301 Highway 190 West, DeRidder, LA 70634

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. Craig P. Leach, President and Director
(Typed or printed name and capacity of person signing application)



Jay Dardenne
SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

AMERISAFE GENERAL AGENCY, INC.

A corporation domiciled in DERIDDER, LOUISIANA,

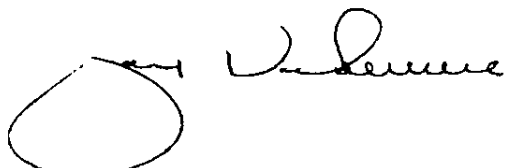
Filed charter and qualified to do business in this State on October 08, 1998,

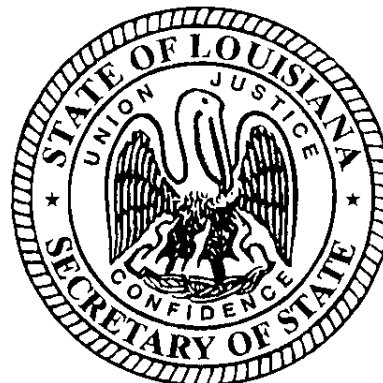
I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

February 26, 2010


Secretary of State



Certificate ID: 10047905#RWM61

To validate this certificate, visit the following web site, go to **Commercial Division, Certificate Validation**, then follow the instructions displayed.
www.sos.louisiana.gov