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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

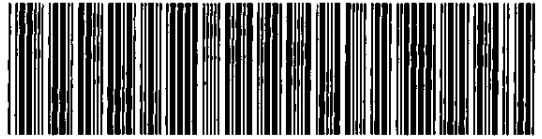
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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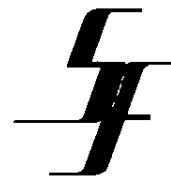
SECRETARY OF STATE
PALM HARBOR, FLORIDA

2010 MAR 31 AM 10: 58

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J. Shivers APR 01 2010

210-19926



SANTA FE
AUTO
INSURANCE
COMPANY

March 26, 2010

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: *Santa Fe Auto Insurance Company (the "Company") – Application by Foreign Corporation to Transact Business*

To Whom It May Concern:

In connection with our anticipated application for an expansion application for a certificate of authority with the Florida Office of Insurance Regulation, please find the Company's Application for Authorization to Transact Business. The Company is an insurance company organized under the laws of the State of Texas.

In connection with this application, please find enclosed (1) our cover letter, (2) the Company's executed Application by Foreign Corporation for Authorization to Transact Business in Florida, (3) an original certificate of existence and (4) a check for \$78.75 for the filing and certification fees. If you have any questions regarding this application, please contact the undersigned at (972) 239-8511, ext. 260.

Sincerely,

SANTA FE AUTO INSURANCE COMPANY

Kristopher R. Tate
General Counsel

2010 MAR 31 AM 10:58
TALLAHASSEE, FLORIDA

2010 MAR 31 AM 10:58

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SANTA FE
AUTO
INSURANCE
COMPANY

March 26, 2010

New Filing Section
Division of Corporations
Attn: Justin
P.O. Box 6327
Tallahassee, Florida 32314

VIA FACSIMILE (850) 245-6804

RE: *Santa Fe Auto Insurance Company (the "Company") - Application by Foreign Corporation to Transact Business*

Justin:

Thank you for your follow-up telephone call regarding the Company's Application for Authorization to Transact Business. The Company is an insurance company organized under the laws of the State of Texas. As you know, the application requires an original certificate of existence. For most business entities, including those domiciled in Texas, this requirement can be satisfied with a certificate from its state's Office of the Secretary of State. However, Texas insurance companies are both incorporated and regulated by the Texas Department of Insurance ("TDI"). TDI does not issue certificates of existence or good standing.

In connection with this application, the Company submitted a certified copy of its certificate of authority. The certificate of authority demonstrates that the Company exists, is in good standing with TDI and is authorized to write insurance. The certificate of authority was certified by TDI within the previous couple of weeks. Please accept our certificate of authority to satisfy the application's certificate of existence requirement.

If you have any questions regarding this application, please contact the undersigned at (972) 239-8511, ext. 260.

Sincerely,

SANTA FE AUTO INSURANCE COMPANY

Kristopher R. Tate
General Counsel

2010 MAR 31 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Santa Fe Auto Insurance 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," 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:

Kay Morgan
Name of Person

Santa Fe Auto Insurance Company
Firm/Company

13702 Gamma RD
Address

Dallas, TX 75244
City/State and Zip code

kay.morgan@santafeinsurance.net
E-mail address: (to be used for future annual report notification)

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 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kay Morgan at (972) 239-8511
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

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. Santa Fe Auto Insurance 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. Texas 3. 01-0791746
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/02/2003 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 13702 GAMMA ROAD, DALLAS, TX 75244
(Principal office address)

13702 GAMMA ROAD, DALLAS, TX 75244
(Current mailing address)

8. Insurance and any lawful business
(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: CT Corporation System

Office Address: 12 S. 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.

Maria Ozaeta
(Registered agent's signature)

Maria Ozaeta
Vice President

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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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: See Exhibit A

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See Exhibit B

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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. James D. Maxwell, President and Director

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

EXHIBIT A

Directors

Name	Address
James Thornton Maxwell	13701 Gamma Road Dallas, TX 75244
James Douglas Maxwell	13701 Gamma Road Dallas, TX 75244
Gregory Steible	13701 Gamma Road Dallas, TX 75244
John Eric Maxwell	13701 Gamma Road Dallas, TX 75244
Todd Henry Ridley	13701 Gamma Road Dallas, TX 75244
Lisa Maxwell Steible	13701 Gamma Road Dallas, TX 75244
Holly Pace Maxwell	13701 Gamma Road Dallas, TX 75244

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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EXHIBIT B

Officers

Name	Title	Address
James Douglas Maxwell	President	13702 Gamma Road Dallas, TX 75244
Scot Coy	Vice President	13702 Gamma Road Dallas, TX 75244
Neal Holford	Vice President	13702 Gamma Road Dallas, TX 75244
John Eric Maxwell	Secretary	13702 Gamma Road Dallas, TX 75244
Gregory Steible	Treasurer	13702 Gamma Road Dallas, TX 75244

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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Texas Department of Insurance

Financial, Company Licensing & Registration, Mail Code 305-2C
333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104

STATE OF TEXAS §
 §
COUNTY OF TRAVIS §

The Commissioner of Insurance, as the chief administrative and executive officer and custodian of records of the Texas Department of Insurance has delegated to the undersigned the authority to certify the authenticity of documents filed with or maintained by or within the custodial authority of the Company Licensing & Registration Division of the Texas Department of Insurance.

Therefore, I hereby certify that the attached documents are true and correct copies of the documents described below. I further certify that the documents described below are filed with or maintained by or within the custodial authority of the Company Licensing & Registration Division of the Texas Department of Insurance.

Current Certificate of Authority for SANTA FE AUTO INSURANCE COMPANY, Dallas, Texas, No. 14440, dated October 2, 2007 consisting of one (1) page.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this 25th day of March 2010.

MIKE GEESLIN
COMMISSIONER OF INSURANCE

BY: *Jeff Hunt*
Jeff Hunt, Admissions Officer
Company Licensing & Registration Division
Order No. 07-0989

2010 MAR 31 AM 10:58
STATE OF TEXAS
WILLIAM ASSELTMEYER

FILED

Texas Department of Insurance



Certificate No. 14440

Company No. 09-096192

Certificate of Authority

THIS IS TO CERTIFY THAT

SANTA FE AUTO INSURANCE COMPANY

DALLAS, TEXAS

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2010 MAR 31 AM 10:58
STATE OF TEXAS
HALL KHASSEE, FLORIAN

has complied with the laws of the State of Texas applicable thereto and is hereby authorized to transact the business of

Automobile--Liability & Physical Damage insurance
and Reinsurance on all lines authorized to be written on
a direct basis within the State of Texas

subject to the following conditions: maintain PHS at a level of at least \$6,000,000; limit GWP to 600% of PHS; limit NWP to 250% of PHS; maintain deposit of \$2,000,000 for the protection of Texas policyholders; conduct business in compliance with the Business Plan filed on May 23, 2006 and revised on February 23, 2007; and obtain prior approval from the Commissioner of Insurance before acquiring reinsurance.

This Certificate of Authority shall be in full force and effect until it is revoked, canceled or suspended according to law.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this

2nd day of October A.D. 2007

MIKE GEESLIN
COMMISSIONER OF INSURANCE

BY Godwin Ohaechesi
Godwin Ohaechesi, Director
Company Licensing & Registration