

F1000000 3341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

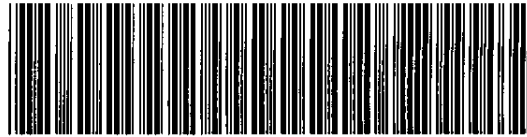
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

OK. Per RV

Office Use Only



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07/13/10--01014--008 **78.75

FILED
10 JUL 22 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W1-33397

AMERICAN INTER-FIDELITY EXCHANGE

8400 Louisiana Street

Merrillville, IN 46410

July 8, 2010

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

Attn: Certification Department

I am requesting a **Certificate of Status** for expansion of business in the State of Florida in reference to the UCAA application process Form 1E (Name Approval Process) and a certified Cert of Status.

We are an insurance casualty carrier located in the State of Indiana.

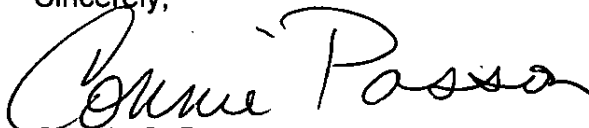
Our Company is: **American Inter-Fidelity Exchange**
8400 Louisiana Street
Suite 301
Merrillville, IN 46410
1-800-876-1176

Enclosed is a check in the amount of \$78.75 made payable to the Department of State for the Certification necessary to be submitted with the Expansion Application already sent to the Office of Insurance Regulation.

If you have any questions, please contact me at the number above.

Thank you for your attention in this matter.

Sincerely,



Connie S. Passon
connieaife@airbaud.net

Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AMERICAN INTER-FIDELITY CORPORATION

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:

LEX VENDITTI

Name of Person

AMERICAN INTER-FIDELITY EXCHANGE

Firm/Company

8400 LOUISIANA STREET; STE 401

Address

MERRILLVILLE, IN 46410

City/State and Zip code

lexaife@airbaud.net and connieaife@airbaud.net

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

For further information concerning this matter, please call:

CONNIE PASSON

Name of Person

at (219) 755-4567

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

July 15, 2010

LEX VENDITTI
8400 LOUISIANA STREET STE 401
MERRILLVILLE, IN 46410

SUBJECT: AMERICAN INTER-FIDELITY CORP
Ref. Number: W10000033397

We have received your document for AMERICAN INTER-FIDELITY CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in line one needs to be identical to how it is listed in Indiana.,

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

Letter Number: 510A00017245

**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. AMERICAN INTER-FIDELITY Exchange Corp
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

AMERICAN INTER-FIDELITY EXCHANGE

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. INDIANA 3. 35-1603234 (EIN#) 40088 (NAIC)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1981 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. 8400 LOUISIANA STREET, STE 401, MERRILLVILLE, IN 46410

(Principal office address)

8400 LOUISIANA STEET, STE 401

(Current mailing address)

8. PROPERTY CASUALTY INSURANCE COMPANY

(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:

Exceter Insurance, Inc.

Office Address:

110 Sarasota Center Blvd ; Ste 106
Sarasota, FL 34240
(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.

Richard Penney

(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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: LEX VENDITTI

Address: 8400 LOUISIANA STREET; STE 401, MERRILLVILLE, IN 46410

Vice President: _____

Address: _____

Secretary: HAL ANTONSON

Address: SAME AS ABOVE

Treasurer: LEX VENDITTI

Address: SAME AS ABOVE

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. LEX VENDITTI

- President

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Uniform Certificate of Authority Application (UCAA)

Certificate of Compliance

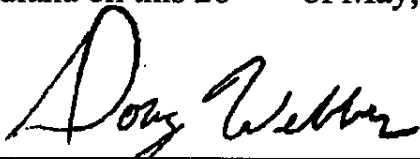
State of Indiana

Office of Commissioner

I, Doug Webber, hereby certify that I am the*Acting Insurance Commissioner, of the State of Indiana and I have supervision of insurance business in said State and as such I hereby certify that American Inter- Fidelity Exchange of Merrillville, Indiana is duly organized under the laws of said State and is authorized to transact the business ** of Class II (f) Class III (d) insurance in this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand at Indianapolis,

Indiana on this 26th day of May, A.D. 2010



(Signature)

Doug Webber
(Printed Name)



- * Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.
- ** Lines of Insurance as shown on Form 3 of UCAA

FILED
10 JUL 22 PM 5:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
February 4, 2004
FORM 6

40088

Department of Insurance

State of Indiana

OFFICE OF

Insurance Commissioner

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10 JUL 22 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Inter-Insurance
CERTIFICATE OF AUTHORITY**

Whereas American Inter Fidelity Corp., Attorney in fact for certain individuals, partnerships and corporations desiring to exchange contracts of inter-insurance under the name and designation of American Inter Fidelity Exchange with the principal office of such exchange located at Merrillville in the State of Indiana has complied with the laws of Indiana authorizing and regulating the exchange of such contracts:

Now, Therefore, the said American Inter Fidelity Corp. as such Attorney in fact, and as far as it may be legally empowered by its letter of appointment as such attorney, is hereby authorized and empowered to issue and exchange contracts of inter-insurance under the name and designation of American Inter Fidelity Exchange at Merrillville in the State of Indiana insuring the members of such exchange in this State against loss Class II (1) Class III (1)

In Witness Whereof, I here hereunto
set my hand and affixed my official seal at
Indianapolis, Indiana, this 15
day of April, 2005.

James Atterholt
INSURANCE COMMISSIONER

