

F11000003922

(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:

Office Use Only

647-  
W11000043859



800211087438

08/22/11--01051--002 \*\*87.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 OCT -4 PM 2:10

J 10/5/11

## COVER LETTER

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

**SUBJECT:** Continental Divide 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:

Amber Roewert

Name of Person

Continental Divide Insurance Company

Firm/Company

3333 Farnam Street, Suite 300

Address

Omaha, NE 68131

City/State and Zip code

aroewert@bhhc.com

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

For further information concerning this matter, please call:

Jackie Perry

Name of Person

at ( 402 ) 399-3114

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 OCT -4 PM 2:10

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

September 28, 2011

AMBER ROEWERT  
3333 FARNAM STREET  
SUITE 300  
OMAHA, NE 68131

SUBJECT: CONTINENTAL DIVIDE INSURANCE COMPANY  
Ref. Number: W11000043859

We have received your document for CONTINENTAL DIVIDE INSURANCE 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):

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.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 811A00022415

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 OCT -4 PM 2:10



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 23, 2011

AMBER ROEWERT  
3333 FARNAM STREET  
SUITE 300  
OMAHA, NE 68131

SUBJECT: CONTINENTAL DIVIDE INSURANCE COMPANY  
Ref. Number: W11000043859

We have received your document for CONTINENTAL DIVIDE INSURANCE 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):

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.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 511A00019720

COPY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 OCT -4 PM 2:10

**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. Continental Divide 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. Colorado

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

3. 84-0769120

(FEI number, if applicable)

4. Sept 7, 1978

(Date of incorporation)

5. perpetual

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

6. not applicable

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

7. 3333 Farnam Street, Suite 300 Omaha, NE 68131

(Principal office address)

3333 Farnam Street, Suite 300 Omaha, NE 68131

(Current mailing address)

8. Commercial Property and Casualty Insurance Carrier

(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: Chief Financial Officer of Florida

Office Address: 200 East Gaines St

Tallahassee

(City)

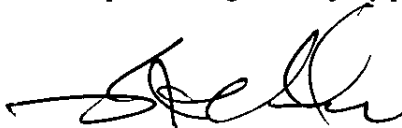
, Florida 32399

(Zip code)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 OCT -4 PM 2:10

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: Donald F. Wurster

Address: 3024 Harney Street  
Omaha, NE 68131

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2011 OCT -4 PM 2:10

Vice Chairman: J Michael Gottschalk

Address: 4016 Harney Street  
Omaha, NE 68131

Director: Brian P. Hall

Address: 1725 Windward Concourse, Ste 200  
Alpharetta, GA 30005

Director: Joseph G. Casaccio

Address: c/o Berkshire Reinsurance Group, 100 First Stamford Place  
Stamford, CT 06902

**B. OFFICERS**

President: Donald F. Wurster

Address: 3024 Harney Street  
Omaha, NE 68131

Vice President: Brian P. Hall

Address: 1725 Windward Concourse, Ste 200  
Alpharetta, GA 30005

Secretary: Jackie L. Perry

Address: 3333 Farnam Street, Suite 300 Omaha, NE 68131

Treasurer: Jackie L. Perry

Address: 3333 Farnam Street, Suite 300 Omaha, NE 68131

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

13. Jackie L. Perry

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Jackie L. Perry, Secretary/Treasurer

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

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE**

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

**CONTINENTAL DIVIDE INSURANCE COMPANY**

is a **Corporation** formed or registered on 09/07/1978 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871354962.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/29/2011 that have been posted, and by documents delivered to this office electronically through 10/03/2011 @ 12:09:43.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 10/03/2011 @ 12:09:43 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8057190.



Secretary of State of the State of Colorado

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 OCT -4 PM 2:10

\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/bi-/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."*