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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: CAI Casualty Actuaries,	Inc.
Name of corporation -	must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Automotion of Existence," or "Certificate of Good Standing above referenced foreign corporation to transact business	ng" and check are submitted to register the
Please return all correspondence concerning this matter to	the following:
Kyleen Taylor	
Name of Pe	rson
CAI Casualty Actuaries, Inc.	
Firm/Compa	ny
100 Chesterfield Business Park	way, Suite 200
Address	
St. Louis, MO 63005	
City/State and	Zip code
kyleen@cai-actuarial.com	
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call	:
	368-7428
Name of Person Area Co	de & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS: New Filing Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
	78.75 Filing Fee & Sertified Copy Sertificate 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.

(T.C.				=
. Missouri		e adopted for the purpose of transacting business i	in Florida)	ł
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)		_
4. November	· 17, 2011	Perpetual		
	e of incorporation)	(Duration: Year corp. will cease to exist or "po	erpetual")	-
6				
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		-
7. 3604 54th	Drive West, #K203, Bradento	n, Floridà 34210		
	(Principal office ad	dress)		-
100 Cheste	erfield Business Parkway, Ste	200, St. Louis, MO 63005		
	(Current mailing ad	dress)	76	NIO. S
8. Insurance	Consulting		NON	ECREJ SIBN (
(Purpose(s) of corporation authorized in home state or o	country to be carried out in state of Florida)	Ω.	SE CLASS
9. Name and stre	et address of Florida registered agent: (P.	O. Box NOT acceptable)	PX	200
Name:	Kammie Scott		1: 56	STAT
Office Address:	3604 54th Drive West. #K20	 D3	56	RY OF STATE
	Bradenton, Florida (City)	Florida 34210		
	(City)	(Zin code)		

(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

and I am familiar with and accept the obligations of my position as registered agent.

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: Kammie Scott Address: 3604 54th Street, #K203 Brandenton, Florida 34210 Vice Chairman: Madeline Scott Address: 3604 54th Street, #K203 Brandenton, Florida 34210 **B. OFFICERS** President: Kammie Scott Address: 3604 54th Street, #K203 Bradenton, Florida 34210 Vice President: Madeline Scott Address: 3604 54th Street, #K203 Bradenton, Florida 34210 Secretary: Madeline Scott Address: 3604 54th Street, #K203 Bradenton, Florida 34210 Treasurer: Kammie Scott Address: 3604 54th Street, #K203, Bradenton, Florida 34210 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Kammie South 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. Kammie Scott, President (Typed or printed name and capacity of person signing application)

STATE OF MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

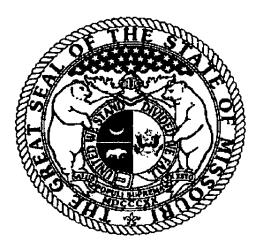
CAI CASUALTY ACTUARIES, INC. CC1184579

was created under the laws of this State on the 17th day of November, 2011, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 6th day of October, 2012

n Camahan

Secretary of State



Certification Number: 14970974-1 Reference:

Verify this certificate online at https://www.sos.mo.gov/businessentity/soskb/verify.asp