

F12000005009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

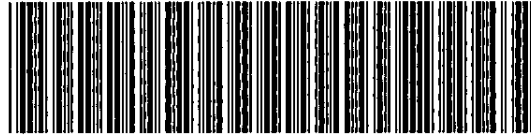
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2012

AMBER ROEWERT
BERKSHIRE HATHAWAY HOMESTATE COMPANIES
3333 FARNAM ST, SUITE 300
OMAHA, NE 68131

SUBJECT: OAK RIVER INSURANCE COMPANY
Ref. Number: W120C0055590

We have received your document for OAK RIVER 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):

The individual signing on line 13 must be listed in #12 of your application.

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.

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) 245-6052.

Pamela Smith
Regulatory Specialist II

Letter Number: 412A00026632

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Oak River 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, Regulatory Compliance Specialist

Name of Person

Berkshire Hathaway Homestate Companies

Firm/Company

3333 Farnam St, 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:

Amber Roewert

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

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

Amount already paid and received
October 31, 2012.

**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. **Oak River 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. **Nebraska**

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

3. **47-0762702**

(FEI number, if applicable)

4. **March 4, 1993**

(Date of incorporation)

5. **Perpetual**

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

6. _____

(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 St, Suite 300, Omaha, NE 68131**

(Principal office address)

3333 Farnam St, Suite 300, Omaha, NE 68131

(Current mailing address)

8. **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 E Gaines St**

Tallahassee, Florida **32399**

(City)

(Zip code)

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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: 3333 Farnam Street, Suite 300
Omaha, NE 68131

Vice Chairman: Joseph G. Casaccio

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

Director: Forrest N. Krutter

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

Director: Andrew R. Linkhart, Director & CFO

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

B. OFFICERS

President: Robert N. Darby, Jr

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

Vice President: Thomas J. Mortland

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

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. 
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. Andrew R. Linkhart, Chief Financial Officer

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

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STATE OF

NEBRASKA

United States of America,
State of Nebraska } ss.



Department of State
Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

OAK RIVER INSURANCE COMPANY

with its registered office located in OMAHA, Nebraska, filed Articles of Incorporation in this office on March 3, 1993.

I further certify that said corporation is in existence as of this date.

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on November 14, 2012.

John A. Gale
SECRETARY OF STATE

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This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.