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Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
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Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FOREIGN PROFIT/NONPROFIT CORPORATION
CAROLINA CASUALTY INSURANCE COMPANY**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$1,320.00

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Corporate Filing Menu

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T. Burch DEC 17 2012
12/14/2012

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Carolina Casualty 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:

Kathleen D. Webb

Name of Person

Carolina Casualty Insurance Company

Firm/Company

4600 Touchton Road East, Building 100, Suite 400

Address

Jacksonville, FL 32246

City/State and Zip code

kwebb@carollnncs.com

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

For further information concerning this matter, please call:

Kathleen D. Webb

at (904)

363-8057

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. Carolina Casualty Insurance Company

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"INC.," "CO.," "CORP.," "LTD.," "CO.," or "Corp.")

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

2. Iowa

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

3. 59-0733942

(FEI number, if applicable)

4. June 22, 2007

(Date of incorporation)

5. Perpetual

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

6. June 22, 2007

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

7. 4600 Touchton Road, East, Building 100, Suite 400, Jacksonville, Florida 32246

(Principal office address)

P.O. Box 2575, Jacksonville, Florida 32203

(Current mailing address)

8. Conducting the business of insurance

(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: 1200 South 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.

By: Madonna Cuddihy

CT Corporation System

(Registered agent's signature)

**Madonna Cuddihy
Special Assistant Secretary**

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, FL

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

A. DIRECTORS

Chairman: See Attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See Attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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 by a document to the Department of State constitutes a third degree felony as provided for in § 17.155, F.S.

14. Kathleen D. Webb, Assistant Vice President and Secretary

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

**CAROLINA CASUALTY INSURANCE COMPANY
DIRECTORS**

Directors

Douglas J. Powers, Chairman
4600 Touchton Road East, Building 100, Suite 400
Jacksonville, Florida 32246

W. Robert Berkley, Jr.
475 Steamboat Road
Greenwich, Connecticut 06830

Reyad G. Cratem III
4600 Touchton Road East, Building 100, Suite 400
Jacksonville, Florida 32246

Robert C. Hewitt
475 Steamboat Road
Greenwich, Connecticut 06830

Ira S. Lederman
475 Steamboat Road
Greenwich, Connecticut 06830

Eugene G. Ballard
475 Steamboat Road
Greenwich, Connecticut 06830

Gerald B. Bushey
4600 Touchton Road East, Building 100, Suite 400
Jacksonville, Florida 32246

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CAROLINA CASUALTY INSURANCE COMPANY
OFFICERS**

Officers

Douglas J. Powers, President and Chief Executive Officer
4600 Touchton Road East, Building 100, Suite 400
Jacksonville, Florida 32246

Reyad G. Craton III, Vice President, Chief Financial Officer & Treasurer
4600 Touchton Road East, Building 100, Suite 400
Jacksonville, Florida 32246

Gerald B. Bushey, Vice President, Underwriting
4600 Touchton Road East, Building 100, Suite 400
Jacksonville, Florida 32246

Mark J. Gallo, Vice President, Information Technology
4600 Touchton Road East, Building 100, Suite 400
Jacksonville, Florida 32246

Vincent M. Kellaher, Vice President, Claims
4600 Touchton Road East, Building 100, Suite 400
Jacksonville, Florida 32246

Catherine P. Steckner, Vice President, Human Resources
4600 Touchton Road East, Building 100, Suite 400
Jacksonville, Florida 32246

Robert W. Perew, Vice President, Loss Prevention Services
4600 Touchton Road East, Building 100, Suite 400
Jacksonville, Florida 32246

Kathleen D. Webb, Assistant Vice President and Secretary
4600 Touchton Road East, Building 100, Suite 400
Jacksonville, Florida 32246

John S. Holton, Assistant Vice President, Claims
4600 Touchton Road East, Building 100, Suite 400
Jacksonville, Florida 32246

Rhonda M. Reno, Assistant Vice President and Controller
4600 Touchton Road East, Building 100, Suite 400
Jacksonville, Florida 32246

Stephen E. Moore, Assistant Vice President, Claims
4600 Touchton Road East, Building 100, Suite 400
Jacksonville, Florida 32246

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IOWA SECRETARY OF STATE
MATT SCHULTZ



CERTIFICATE OF EXISTENCE

Date: 12/12/2012

Name: CAROLINA CASUALTY INSURANCE COMPANY (490 DP - 347795)

Date of Incorporation: 6/22/2007

Duration: PERPETUAL

I, Matt Schultz, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: CS74172

To validate certificates visit:
sos.iowa.gov/ValidateCertificate

A handwritten signature in black ink, appearing to read "Matt Schultz".

Matt Schultz, Iowa Secretary of State

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SECRETARY OF STATE
IALLAHUSSEIN, J.