

F13000004580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

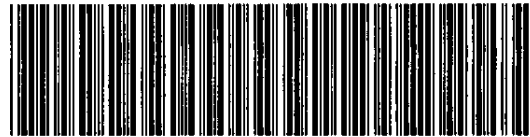
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
13 OCT 22 PM 2:57



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 3, 2013

CAROLINE CHAMAVONIAN  
AMERIHEALTH CASUALTY INSURANCE COMPANY  
1700 MARKET ST, SUITE 700  
PHILADELPHIA, PA 19103

SUBJECT: AMERIHEALTH CASUALTY INSURANCE COMPANY  
Ref. Number: W13000055064

We have received your document for AMERIHEALTH CASUALTY 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.

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: 113A00023281

## COVER LETTER

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

**SUBJECT:** AmeriHealth 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:

Caroline Chamavonian

Name of Person

AmeriHealth Casualty Insurance Company

Firm/Company

1700 Market Street, Suite 700

Address

Philadelphia, PA 19103

City/State and Zip code

caroline.chamavonian@ibx.com

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

For further information concerning this matter, please call:

Caroline Chamavonian at ( 215 ) 587-1772

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:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. AmeriHealth Casualty 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. Delaware 3. 06-1505051

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

(FEI number, if applicable)

4. 11/12/1997

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. 1209 Orange Street, Wilmington, DE 19801

(Principal office address)

1700 Market Street, Suite 700, Philadelphia, PA 19103

(Current mailing address)

8. Insurance Business

(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 S. Pine Island Rd.

Plantation

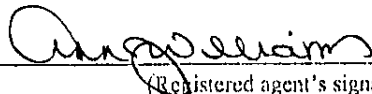
(City)

, Florida 33324

(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.*



(Registered agent's signature)

ANN J. WILLIAMS  
Assistant Vice President

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

**A. DIRECTORS**

Chairman: Christopher Cashman

Address: 1901 Market Street  
Philadelphia, PA 19103

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Alan Krigstein

Address: 1901 Market Street  
Philadelphia, PA 19103

Director: Donald J. Liskay

Address: 11 Stanwix Street, Suite 725  
Pittsburgh, PA 15222

**B. OFFICERS**

President: Donald J. Liskay

Address: 11 Stanwix Street, Suite 725  
Pittsburgh, PA 15222

Vice President: David R. Cucinotta

Address: 1700 Market Street, Suite 700  
Philadelphia, PA 19103

Secretary: Lilton R. Taliaferro, Jr.

Address: 1901 Market Street, Philadelphia, PA 19103

Treasurer: Alan Krigstein

Address: 1901 Market Street, Philadelphia, PA 19103

**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. David R. Cucinotta, Vice President - Finance and Accounting

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

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## AmeriHealth Casualty Insurance Company

Christopher Cashman	Director (Chairman)
Alan Krigstein	Director
Donald J. Liskay	Director
Richard J. Neeson	Director
Christopher Cashman	Chairman of the Board
Donald J. Liskay	President and Chief Executive Officer
R. Mark Adams	Vice President, Sales and Underwriting
David R. Cucinotta	Vice President, Finance and Accounting - CSI
Jennifer M. Dragoun, M.D.	Vice President and Chief Medical Officer
Glenn R. Giveans	Vice President, Sales and Marketing - CSI
Lee J. Herzer	Vice President, Operations
Alan Krigstein	Executive Vice President, Chief Financial Officer and Treasurer
Richard F. Levins, Esq.	Assistant Secretary
Lilton R. Taliaferro, Jr., Esq.	Secretary

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# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERIHEALTH CASUALTY INSURANCE COMPANY" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.


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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0816189

DATE: 10-15-13