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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: American Modern Property and 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:

Lori Crable

Name of Person

American Modern Property and Casualty Insurance Company

Firm/Company

7000 Midland Boulevard

Address

Amelia, Ohio 45102

City/State and Zip code

thicks@amig.com

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

For further information concerning this matter, please call:

Lori Crable

Name of Person

at (513) 947-5223

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. American Modern Property and 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. Ohio

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

3. 43-1262602

(FEI number, if applicable)

4. Jan 2, 2014

(Date of incorporation)

5. perpetual

(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. 7000 Midland Boulevard, Amelia, Ohio 45102

(Principal office address)

7000 Midland Boulevard, Amelia, Ohio 45102

(Current mailing address)

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DIVISION OF CORPORATIONS
14 JUN 26 AM 11:06

8. Issue policies of property/casualty insurance and transact business under all lines of insurance authorized by the Florida Office of Insurance Regulation.

(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: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Drive, Suite A

Tallahassee

(City)

, Florida 32301

(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.

Jaclyn Wright Jaclyn Wright, Asst. Secretary
(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: Anthony J. Kuczinski

Address: 555 College Road East, Plaza I
Princeton, New Jersey 08543

Director: Manuel Z. Rios

Address: 7000 Midland Boulevard
Amelia, Ohio 45102

Director: René A. Gobonya

Address: 7000 Midland Boulevard
Amelia, Ohio 45102

Director: M. Steven Levy

Address: 555 College Road East, Plaza I
Princeton, New Jersey 08543

B. OFFICERS

President: Manuel Z. Rios

Address: 7000 Midland Boulevard
Amelia, Ohio 45102

Sr Vice President: (and CFO) René A. Gobonya

Address: 7000 Midland Boulevard
Amelia, Ohio 45102

SVP/Secretary: Charles S. Griffith III

Address: 7000 Midland Boulevard, Amelia, Ohio 45102

SVP/Treasurer: James E. Hinkle III

Address: 7000 Midland Boulevard, Amelia, Ohio 45102

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. Charles S. Griffith III, Senior Vice President/Secretary

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

Addendum to Item 12.A./B. of Application by Foreign Corporation for Authorization to Transact Business in Florida:

Name of corporation: American Modern Property and Casualty Insurance Company

A. DIRECTORS

Name: Robin H. Willcox
Address: 555 College Road East, Plaza I
Princeton, New Jersey 08543

B. OFFICERS

Senior Vice President: James P. Tierney
Address: 7000 Midland Boulevard
Amelia, Ohio 45102

Vice President/Controller: Kenneth L. Kuhn
Address: 7000 Midland Boulevard
Amelia, Ohio 45102

Vice President: Steven J. Mackie
Address: 7000 Midland Boulevard
Amelia, Ohio 45102

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show AMERICAN MODERN PROPERTY AND CASUALTY INSURANCE COMPANY, an Ohio corporation, Charter No. 2257944, having its principal location in Amelia, County of Clermont, was incorporated on January 2, 2014 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 5th day of June, A.D. 2014.*

Jon Husted

Ohio Secretary of State

Validation Number: 201415600844

Applicant Name: American Modern Property and Casualty Insurance Company

NAIC No. 42722

FEIN: 43-1262602

Uniform Consent to Service of Process

X Original Designation

Amended Designation

(must be submitted directly to states)

Insurer Name: American Modern Property and Casualty Insurance Company

Previous Name (if applicable): First Marine Insurance Company

Home Office Address: 7000 Midland Boulevard

City, State, Zip: Amelia, Ohio 45102

NAIC CoCode: 42722

The entity named above, organized under the laws of Ohio, for purposes of complying with the laws of the State(s) designate hereunder relating to the holding of a certificate of authority or the conduct of an insurance business within said State(s), pursuant to a resolution adopted by its board of directors or other governing body, hereby irrevocably appoints the officers of the State(s) and their successors identified in Exhibit A, or where applicable appoints the required agent so designated in Exhibit A hereunder as its attorney in such State(s) upon whom may be served any notice, process or pleading as required by law as reflected on Exhibit A in any action or proceeding against it in the State(s) so designated; and does hereby consent that any lawful action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the State(s) so designated; and agrees that any lawful process against it which is served under this appointment shall be of the same legal force and validity as if served on the entity directly. This appointment shall be binding upon any successor to the above named entity that acquires the entity's assets or assumes its liabilities by merger, consolidation or otherwise; and shall be binding as long as there is a contract in force or liability of the entity outstanding in the State. The entity hereby waives all claims of error by reason of such service. The entity named above agrees to submit an amended designation form upon a change in any of the information provided on this power of attorney.

Applicant Officers' Certification and Attestation

One of the two Officers (listed below) of the Applicant must read the following very carefully and sign:

1. I acknowledge that I am authorized to execute and am executing this document on behalf of the Applicant.
2. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed at Amelia, Ohio.

Date

Signature of President

Full Legal Name of President

Date

x

Signature of Secretary

Charles Schuster Griffith III

Full Legal Name of Secretary

Uniform Consent to Service of Process

Exhibit A

Place an "X" before the names of all the States for which the person executing this form is appointing the designated agent in that State for receipt of service of process:

<p><input type="checkbox"/> AL Commissioner of Insurance # and Resident Agent*</p> <p><input type="checkbox"/> AK Director of Insurance #</p> <p><input type="checkbox"/> AZ Director of Insurance # ^</p> <p><input type="checkbox"/> AR Resident Agent *</p> <p><input type="checkbox"/> AS Commissioner of Insurance #</p> <p><input type="checkbox"/> CO Commissioner of Insurance # and Resident Agent*</p> <p><input type="checkbox"/> CT Commissioner of Insurance #</p> <p><input type="checkbox"/> DE Commissioner of Insurance #</p> <p><input type="checkbox"/> DC Local Agent*</p> <p><input checked="" type="checkbox"/> FL Chief Financial Officer # ^</p> <p><input type="checkbox"/> GA Commissioner of Insurance and Safety Fire # and Resident Agent*</p> <p><input type="checkbox"/> GU Commissioner of Insurance #</p> <p><input type="checkbox"/> HI Insurance Commissioner # and Resident Agent*</p> <p><input type="checkbox"/> ID Director of Insurance # ^</p> <p><input type="checkbox"/> IL Director of Insurance #</p> <p><input type="checkbox"/> IN Resident Agent* ^</p> <p><input type="checkbox"/> IA Commissioner of Insurance #</p> <p><input type="checkbox"/> KS Commissioner of Insurance # ^</p> <p><input type="checkbox"/> KY Secretary of State #</p> <p><input type="checkbox"/> LA Secretary of State #</p> <p><input type="checkbox"/> MD Insurance Commissioner #</p> <p><input type="checkbox"/> ME Resident Agent* ^</p> <p><input type="checkbox"/> MI Resident Agent *</p> <p><input type="checkbox"/> MN Commissioner of Commerce #</p> <p><input type="checkbox"/> MS Commissioner of Insurance and Resident Agent* BOTH are required.</p>	<p><input type="checkbox"/> MO Director of Insurance #</p> <p><input type="checkbox"/> MT Commissioner of Insurance #</p> <p><input type="checkbox"/> NE Officer of Company* or Resident Agent* (circle one)</p> <p><input type="checkbox"/> NH Commissioner of Insurance #</p> <p><input type="checkbox"/> NV Commissioner of Insurance of Insurance Commission # ^</p> <p><input type="checkbox"/> NJ Commissioner of Banking and Insurance #^</p> <p><input type="checkbox"/> NM Superintendent of Insurance #</p> <p><input type="checkbox"/> NY Superintendent of Financial Services #</p> <p><input type="checkbox"/> NC Commissioner of Insurance</p> <p><input type="checkbox"/> ND Commissioner of Insurance # ^</p> <p><input type="checkbox"/> OH Resident Agent*</p> <p><input type="checkbox"/> OR Resident Agent*</p> <p><input type="checkbox"/> OK Commissioner of Insurance #</p> <p><input type="checkbox"/> PR Commissioner of Insurance #</p> <p><input type="checkbox"/> RI Commissioner of Insurance # ^</p> <p><input type="checkbox"/> SC Director of Insurance #</p> <p><input type="checkbox"/> SD Director of Insurance # ^</p> <p><input type="checkbox"/> TN Commissioner of Insurance #</p> <p><input type="checkbox"/> TX Resident Agent*</p> <p><input type="checkbox"/> UT Resident Agent* ^</p> <p><input type="checkbox"/> VT Secretary of State #</p> <p><input type="checkbox"/> VI Lieutenant Governor/Commissioner#</p> <p><input type="checkbox"/> WA Insurance Commissioner #</p> <p><input type="checkbox"/> WV Secretary of State # @</p> <p><input type="checkbox"/> WY Commissioner of Insurance #</p>
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For the forwarding of Service of Process received by a State Officer complete Exhibit B listing by state the entities (one per state) with **full name and address where service of process is to be forwarded**. Use additional pages as necessary. Colorado will forward Service of Process to the Secretary of the company and requires a resident agent for foreign entities. Exhibit not required for New Jersey, and North Carolina. Florida accepts only an individual as the entity and requires an email address. New Jersey allows but does not require a foreign insurer to designate a specific forwarding address on Exhibit B. SC will not forward to an individual by name; however, it will forward to a position, e.g., Attention: President (or Compliance Officer, etc.). Washington requires an email address on Exhibit B.

* Attach a completed Exhibit B listing the Resident Agent for the insurer (one per state). Include state name, Resident Agent's **full name and street address**. Use additional pages as necessary. (DC* requires an agent within a ten mile radius of the District).

^ Initial pleadings only.

@ Form accepted only as part of a Uniform Certificate of Authority application.

MA will send the required form to the applicant when the approval process reaches that point.

Exhibit A

Exhibit B

Complete for each state indicated in Exhibit A:

State: FL Name of Entity: Registered Agent Solutions, Inc.

Phone Number: 888-705-7274 Fax Number: 888-706-7274

Email Address: clientservices@rasi.com

Mailing Address: 155 Office Plaza Drive, Suite A, Tallahassee, FL 32301

Street Address: 155 Office Plaza Drive, Suite A, Tallahassee, FL 32301

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

Exhibit B

Resolution Authorizing Appointment of Attorney

BE IT RESOLVED by the Board of Directors or other governing body of

American Modern Property and Casualty Insurance Company
(Company Name)

this 14th day of March, 20 14, that the President or Secretary of said entity be and are hereby authorized by the Board of Directors and directed to sign and execute the Uniform Consent to Service of Process to give irrevocable consent that actions may be commenced against said entity in the proper court of any jurisdiction in the state(s) of

Florida

in which the action shall arise, or in which plaintiff may reside, by service of process in the state(s) indicated above and irrevocably appoints the officer(s) of the state(s) and their successors in such offices or appoints the agent(s) so designated in the Uniform Consent to Service of Process and stipulate and agree that such service of process shall be taken and held in all courts to be as valid and binding as if due service had been made upon said entity according to the laws of said state.

CERTIFICATION:

I, Charles S. Griffith III, Secretary of

American Modern Property and Casualty Insurance Company
(Company Name)

state that this is a true and accurate copy of the resolution adopted effective the 14th day of March, 20 14 by the Board of Directors or governing board ~~no meeting held on the~~ ~~xxxxxxxxxxxxxxxxxxxx~~ ~~day of~~ ~~xxxxxxxxxxxxxxxxxxxx~~ ~~20~~ ~~xxxxxx~~ by written consent dated 14th day of March, 20 14.

x 
Secretary