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# **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: American Millennium Insurance			
Name of	corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate of above referenced foreign corporation to tra	of Good Stand	ding" and check are subr	
Please return all correspondence concerning	g this matter	to the following:	
Luis Geronimo			
	Name of F	Person	
American Millennium Insurance Company			- 1 - 2 - 1 - 1
	Firm/Comp	oany	
1011 Route 22, Suite 102			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	Addre	SS	
Bridgewater, NJ 08807			, 7 <b>ග</b>
	City/State an	d Zip code	
Luis.Geronimo@citadelrisk.com			
E-mail address:	(to be used fo	or future annual report n	otification)
For further information concerning this ma	tter, please ca	all:	
Luis Geronimo	973	628-6060 x.303	
Name of Person	Area Code	Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
Enclosed is a check for the following amou	nt:		
□ \$70.00 Filing Fee ■ \$78.75 Filing Certificate of		\$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.

(Enter name of c	orporation; must include "INCORPORATED," orp.," "Inc.," "Co," or "Corp.")	"COMPANY," "CORPORATION	21
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)
New Jersey 2.	3	22-3208647	
(State or countr 02/10/1986			
(Date	(Date of incorporation) 5. (Date of duration, if other t		han perpetual)
1011 Route 22, S	(SEE SECTIONS 607.1501 & 607.15 uite 102, Bridgewater, NJ 08807 (Princip	al office address)	
	(Current mailin	g address, if different)	7 3
3. Name and stree	et address of Florida registered agent: (P.C	). Box NOT acceptable)	5
Name:	Registered Agent Solutions, Inc	· 	ို့ ငှာ
Office Address:	155 Office Plaza Dr., Suite A		्रांस क्ष
	Tallahassee	32301 , Florida	
	(City)	(Zip code)	

### 9. 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.

Adam Saldana, Asst. Secretary
(Registered agent's signature)

10. 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.

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

	ECTORS Anthony B. Weller	
Chairman Address:	50 Leadenhall Street, London EC3A 2BJ, United Kingdom	
	N/A rman:	
Address.		
Director:	James E. Clemons	
	435 Guyette Rd., East Montpelier, VT 05651	
Director	Richard A. Kissel	
	580 White Plains Road, Tarrytown, NY 10591	े क
		- 第二
B. OFF	CERS	, or Eq.
President:	Arthur P. Coleman	
Address:	1011 Route 22, Suite 102, Bridgewater, NJ 08807	- <del>\</del> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Vice Pres	Stephen T. List dent:	
	1011 Route 22, Suite 102, Bridgewater, NJ 08807	
Secretary:	John M. Ignatowitz	
Address:	1011 Route 22, Suite 102, Bridgewater, NJ 08807	
Treasurer:	N/A	
Address:		
<b>NOTE:</b> 12	If necessary, you may attach an addendum to the application listing additional of	fficers and/or directors.
are true a	Signature of Director or Officer or or director signing this document (and who is listed in number 11 above) affind that he or she is aware that false information submitted in a document to the gree felony as provided for in s.817.155, F.S.	
13. <u>John</u>	M. Ignatowitz  Secretar  (Typed or printed name and capacity of person signing application)	lan land
	(Typed of printed name and capacity of person signing applicant	ш)



CHRIS CHRISTIE

Governor

KIM GUADAGNO Lt. Governor

# State of Rew Jersey

DEPARTMENT OF BANKING AND INSURANCE
DIVISION OF INSURANCE
OFFICE OF SOLVENCY REGULATION
PO BOX 325
TRENTON, NJ 08625-0325

TEL (609) 292-5350 FAX (609) 292-6765 RICHARD J. BADOLATO
Acting Commissioner

Peter L. HARTT Director

## CERTIFICATE OF COMPLIANCE

March 8, 2016

I, Richard J. Badolato, Acting Commissioner of Banking and Insurance of the State of New Jersey, do hereby certify, depose and say that:

- 1. The AMERICAN MILLENNIUM INSURANCE COMPANY, of Somerset County, New Jersey is a Corporation organized under the laws of the State of New Jersey on February 10, 1986, and commenced business in this State on September 1, 1986; Effective August 25, 1999 the Company changed name from Property Casualty Company of MCA to American Millennium Insurance Company.
- 2. The home office of the Company is 1011 US Highway 22 West, Bridgewater, New Jersey 08807 and the name of the agent therein and in charge thereof upon whom process may be served against said Corporation is THE COMPANY.
- 3. The Company is presently authorized to transact in New Jersey the kinds of insurance specified in paragraphs "b" and "e" of N.J.S.A. 17:17-l, a certified copy of the relevant section of the statute is attached for your information.
- 4. The Company is in good standing and having complied with all the requirements of the New Jersey statutes is authorized to transact the business of insurance in the State of New Jersey in accordance with all the provisions of its charter and the laws of this State as provided in its currently effective Amended Certificate of Authority issued by this Department;
- 5. As reported in its filed Annual Statement as at December 31, 2015, the Company had Common Capital Stock of \$2,500,000; Gross Paid In and Contributed Surplus \$12,666,981; Unassigned Funds (Surplus) of (\$6,439,338) or a total Surplus as Regards Policyholders of \$8,038,476;

I further certify that the **AMERICAN MILLENNIUM INSURANCE COMPANY** is not precluded by its charter or the laws of this State from engaging in the classes of business stated above in states other than New Jersey, upon compliance with the laws of such other states.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official Seal, at Trenton, the day and year first above written.

Acting Commissioner of Banking and Insurance



# State of New Jersey

CHRIS CHRISTIE

Governor

KIM GUADAGNO Lt. Governor DEPARTMENT OF BANKING AND INSURANCE
DIVISION OF INSURANCE
OFFICE OF SOLVENCY REGULATION
PO BOX 325
TRENTON, NJ 08625-0325

TEL (609) 292-5350 FAX (609) 292-6765

### N.J.S.A. 17:17-1 KINDS OF INSURANCE

RICHARD J. BADOLATO
Acting Commissioner

PETER L. HARTT
Director

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Ten or more persons may form a corporation for the purpose of making of any kinds of insurance, as follows:

- a. Against direct or indirect loss or damage to property, including loss of use or occupancy by fire, smoke; smudge; lightning; tempest on land, including windstorm, tornado and cyclone; earthquake; collapse of buildings; hail; frost or snow; weather or climatic conditions, including excess or deficiency of moisture, flood, rain or drought, rising of the waters of the ocean or its tributaries; bombardment; invasion; insurrection; riot; civil war or commotion; military or usurped power; vandalism or malicious mischief; striking employees; explosion, whether fire ensues or not, except explosion of steam boilers and flywheels; and arising from the use of elevators, aircraft, automobiles or other vehicles; against loss or damage by insects or disease to farm crops or products and loss of rental value of land used in producing the crops or products;
- b. Against any kinds of loss or damage to: Vessels, craft, aircraft, cars, automobiles and vehicles of every kind, including all kinds of automobile and aircraft insurance (excepting insurance against loss by reason of bodily injury to the person), as well as all goods, freights, cargoes, merchandise, effects, disbursements, profits, moneys, bullion, precious stones, securities, choses in action, evidence of debt, valuable papers, bottomry and respondentia interests, and all other kinds of property and interest therein, in respect to, appertaining to or in connection with any and all risks or perils of navigation, transit, or transportation, including war risks on or under any seas or other waters, on land or in the air, or while being assembled, packed, crated, baled, compressed or similarly prepared for shipment or while awaiting the same or during any delays, storage, transshipment or reshipment incident thereto, including marine builder's risk and all personal property floater risks, and to person or to property in connection with or appertaining to a marine, inland marine, transit or transportation insurance, including liability for loss of or damage to either, arising out of or in connection with the construction, repair, operation, maintenance or use of the subject matter of the insurance (but not including life insurance or surety bonds) but, except as herein specified, not against loss by reason of bodily injury to the person;
- d. Against bodily injury or death by accident, and upon the health of persons, including a funeral benefit to an amount not exceeding \$100.00 or against loss or damage to automobiles or motor vehicles, or to wagons or vehicles propelled by a horse or team of any description, resulting from collision with moving or stationary objects, against perils to property arising from the use of elevators, aircraft, automobiles or other motor vehicles, or against loss by legal liability for damage to persons or property (including, if the insured is a State or political subdivision of a State or municipal corporate instrumentality of one or more States, loss by voluntary payments made by the insured under circumstances where the insured would have legal liability if it were a private corporation) resulting from collision of automobiles, aircraft, or motor vehicles, or of wagons or vehicles propelled by a horse or team with moving or stationary objects;