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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 02 2016

WARRICK
S. MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlanta International 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:

Benjamin Thomas

Name of Person

MedPro Group Inc.

Firm/Company

5814 Reed Road

Address

Fort Wayne, Indiana 46835

City/State and Zip code

benjamin.thomas@medpro.com

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

For further information concerning this matter, please call:

Benjamin Thomas

Name of Person

at (260)

Area Code

486-0409

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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. Atlanta International 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. New York 3. 13-2668999
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 18, 1928 5. _____
(Date of incorporation) (Date of duration, if other than 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. Marine Air Terminal, LaGuardia Airport, Flushing, NY 11371
(Principal office address)
- 3024 Harney Street, Omaha, NE 68131-3580
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

James M. Halpin
Assistant Secretary

James M. Halpin
(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.

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11. Names and business addresses of officers and/or directors: SEE ADDENDUM "A"

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

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.

12.  _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Bruce J. Byrnes - Secretary

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ADDENDUM A

DIRECTORS

John D. Arendt	100 First Stamford Place, Stamford, CT 06902
Bruce J. Byrnes	100 First Stamford Place, Stamford, CT 06902
Dale D. Geistkemper	3024 Harney Street, Omaha, NE 68131
Kevin D. Lewis	100 First Stamford Place, Stamford, CT 06902
Raj R. Mehta	100 First Stamford Place, Stamford, CT 06902
Carmel M. O'Sullivan	100 First Stamford Place, Stamford, CT 06902
Brian G. Snover	100 First Stamford Place, Stamford, CT 06902

OFFICERS

President	Raj R. Mehta 100 First Stamford Place, Stamford, CT 06902
Senior Vice President	Brian G. Snover 100 First Stamford Place, Stamford, CT 06902
Assistant Vice President	Valerie R. Geerer 100 First Stamford Place, Stamford, CT 06902
Assistant Vice President	Rodney L. Rathbun 3024 Harney Street, Omaha, NE 68131
Secretary	Bruce J. Byrnes 100 First Stamford Place, Stamford, CT 06902
Treasurer	Dale D. Geistkemper 3024 Harney Street, Omaha, NE 68131
Controller	Carmel M. O'Sullivan 100 First Stamford Place, Stamford, CT 06902

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Certificate of Good Standing

STATE OF NEW YORK
DEPARTMENT OF FINANCIAL SERVICES

It is hereby certified that

ATLANTA INTERNATIONAL INSURANCE COMPANY
of Flushing, New York

was incorporated under the Laws of the State of New York on December 18, 1928, under the title of SEABOARD FIRE & MARINE INSURANCE COMPANY and was licensed to transact insurance business in the State of New York on January 21, 1929 ;

that it changed its name to DRAKE INSURANCE COMPANY OF NEW YORK on October 1, 1975.

IT IS HEREBY FURTHER CERTIFIED that the aforesaid Company is duly authorized in the State of New York to transact the business of accident and health, fire, miscellaneous property, water damage, burglary and theft, glass, boiler and machinery, elevator, animal, collision, personal injury liability, property damage liability, workers' compensation and employers' liability, fidelity and surety, credit, motor vehicle and aircraft physical damage, marine and inland marine and marine protection and indemnity insurance as specified in the paragraph(s) 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 19, 20 and 21 of Section 1113(a) of the New York Insurance Law, and also such workers' compensation insurance as may be incident to coverages contemplated under paragraphs 20 and 21 of Section 1113(a), including insurances described in the Longshoremen's and Harbor Workers' Compensation Act (Public Law No. 803, 69 Cong. as amended; 33 USC Section 901 et seq. as amended), and has been continuously licensed and remains in good standing to the date of this certificate.



*** INVALID WITHOUT OFFICIAL SEAL ***

Certificate of Good Standing

STATE OF NEW YORK

DEPARTMENT OF FINANCIAL SERVICES



In Witness Whereof, I have hereunto set my hand
and affixed the official seal of this Department
at the City of Albany, New York, this
19th day of May, 2016

MARIA T. VULLO

Acting Superintendent

By

Jacqueline Catalano

Special Deputy Superintendent