19/18/2017

Division of Corporations

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# FOREIGN PROFIT/NONPROFIT CORPORATION **Old American Indemnity Company**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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## 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.

Old American	Indemnity Company orporation; must include "INCORPORATE	<u>-1) '</u>	" "COMPANY " "CORPORATION."
"Inc.," "Co.," "Co	orporation; must include "INCORPORATE orp." "Inc." "Co." or "Corp.")	L,	COMPAINT. CONCONCINCA
(If name anavaila	ible in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florida)
Kentucky			61-0533007
(State or country t	under the law of which it is incorporated)	, د	(FEI number, if applicable)
11/16/1956		5.	PERPETUAL
	of incorporation)	-	(Duration: Year corp. will cease to exist or "perpetual")
. Not applicab	ole		
	(Date first transacted busines	ss i 17.1	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
<sub>1.</sub> 17304 Pres	ton Road Suite 1100 Dallas		
	(Principal office a		
17304Pre	stonRoadSuite1100Dall		
	(Current mailing a	add	lress)
Property a	nd Casualty Insurance	or c	country to be carried out in state of Florida)
	et address of Florida registered agent: (		
Name:	Chief Financial Officer		
Office Address:	PO Box 6200 (32314-6200) 200 E. Ga	aine	es St
	Tallahassee		Florida 32339
	(City)		Florida $\frac{32339}{\text{(Zip code)}}$
Having been nam designated in this further agree to co	condigation. I bereby accept the appo-	rint tes r	vice of process for the above stated corporation at the place tment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my dutie osition as registered agent.
	Chief Financial Offices	r	
	(Registered agent's signati	ure	:)

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 of	fficers and/or directors: SEE ATTACHED	
A. DIRECTORS	W.	
Chairman:		
Address:		
Vice Chairman:		
Address:		
B. OFFICERS	SEE ATTACHED	
	i	17 OCT
		•
Address;		
Treasurer:		
NOTE: If necessary, you may attach a	an addendum to the application listing additional officers and/or d	irectors.
13. YXelisa Waddells	Saylors /Signature of Director or Officer	<del></del>
The officer or director signing this doc are true and that he or she is aware that third degree felony as provided for in s	cument (and who is listed in number 12 above) affirms that the fac it false information submitted in a document to the Department of it	ts stated herein State constitutes a
14. Melissa Waddell Saylors	Secretary and Assistant Vice President	
(Typed or prir	nted name and capacity of person signing application)	

# Old American Indemnity Company

### Director and Officer List

Officers:	Business Address
Andrew James Kirkpatrick - President	17304 Prestoe Road, Suite 1100 Dallas, TX 75252
Melissa Waddell Saylors- Secretary & AVP	17304 Preston Road, Suite 1100 Dallas, TX 75252
Mark Francis Banar – Treasurer & VP	17304 Preston Road, Suite 1100 Dallas, TX 75252
Debra Jane Roberts-Chairperson & CEO	17304 Preston Road, Suite 1100 Dallas, TX 75252
Rochelle Papesh Fyfe- EVP & CFO	17304 Preston Road, Suite 1100 Dallas, TX 75252
Brent Layne McGill-Chief Actuary & EVP	17304 Preston Road, Suite 1100 Dallas, TX 75252
Directors:	
Debra Jane Roberts	17304 Preston Road, Suite 1100 Dallas, TX 75252
Rochelle Papesh Fyfe	17304 Preston Road, Suite 1100 Dallas, TX 75252
Andrew James Kirkpatrick	17304 Preston Road, Suite 1100 Dallas, TX 75252

## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

#### Certificate of Existence

Authentication number: 194805

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State.

# OLD AMERICAN INDEMNITY COMPANY

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is November 16, 1956 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by:KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 18<sup>th</sup> day of October, 2017, in the 226<sup>th</sup> year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

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