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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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S. WARREN

JAN 16 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** American European 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:

Barbara J. Welch

\_\_\_\_\_  
Name of Person

American European Insurance Company

\_\_\_\_\_  
Firm/Company

2250 Chapel Ave West.

\_\_\_\_\_  
Address

Cherry Hill, NJ 08002

\_\_\_\_\_  
City/State and Zip code

compliance@aeiginsurance.com

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

For further information concerning this matter, please call:

Barbara J. Welch

856

779-6912

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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. American European 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 Hampshire

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

3. 05-6005008

(FEI number, if applicable)

4. 1886

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. none

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2250 Chapel Ave. West, Cherry Hill, NJ 08002

(Principal office address)

(Current mailing address, if different)

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

Name: Northwest Registered Agent, LLC.

Office Address: 3030 N. Rocky Point Dr. STE 150A

Tampa

(City)

, Florida 33607

(Zip code)

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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.*

Tom Glover

Northwest Registered Agent, LLC.

Tom Glover

- Assistant 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:

**A. DIRECTORS**

Chairman: Nachum Stein

Address: 605 3rd Ave. 9th FL  
New York, NY 10158

Vice Chairman:

Address:

Director: Abraham Biderman

Address: Eagle Advisors LLC  
10 Rockefeller Plaza, Suite 909, NY, NY 10020

Director: Ari Chitrik-Purec

Address: Retired, 730 Eastern Parkway, Brooklyn, NY 11213

**B. OFFICERS**

President: Nachum Stein

Address: 605 3rd Ave. 9th FL  
New York, NY 10158

Vice President: Vivalde Couto Sr VP

Address: 605 3rd Ave. 9th FL  
New York, NY 10158

Secretary: Shaindy Dembitzer

Address: 605 3rd Ave. 9th FL, New York, NY 10158

Treasurer: Shlomo Klein

Address: 605 3rd Ave. 9th FL, New York, NY 10158

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. David Weiner  
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. David Weiner, CFO  
(Typed or printed name and capacity of person signing application)

Directors and Officers of American European Insurance Company

**DIRECTORS**

**Chairman: Nachum Stein ✓**

American European Insurance Company  
605 3rd Ave, 9th FL, New York, NY 10158

**Director: Abraham Biderman ✓**

Eagle Advisors LLC  
10 Rockefeller Plaza, Suite 909  
New York, NY 10020

**Director: Ari Chitrik-Purec ✓**

Retired 730 Eastern Parkway  
Brooklyn, NY 11213

**Director: Shlomo Klein ✓**

American European Insurance Company  
605 3rd Ave, 9th FL, New York, NY 10158

**Director: Shmuel Levinson**

810 7th Ave., 28th FL, New York, NY 10019

**Director: Harmon Spolan**

Cozen O'Connor  
1650 Market St., Philadelphia, PA 19103

**Director: David Singer**

Broadway Management  
39 Broadway, 25th FL, New York, NY 10016

**Director: Stephen Theroux**

Retired 69 Pressey Ct., New London, NH 03257

**Director: Raquel Wolf**

WZ Enterprize LLC  
1505 Coney Island Ave., Brooklyn, NY 11230

**OFFICERS**

**President and CEO: Nachum Stein**

American European Insurance Company ✓  
605 3rd Ave, 9th FL, New York, NY 10158

**Sr Vice President Vivalde Couto**

American European Insurance Company ✓  
2250 Chapel Ave West, Cherry Hill, NJ 08002

**Treasurer Shlomo Klein ✓**

American European Insurance Company  
605 3rd Ave, 9th FL, New York, NY 10158

**Secretary: Shaindy Dembitzer ✓**

American European Insurance Company  
605 3rd Ave, 9th FL, New York, NY 10158

**CFO David Weiner**

American European Insurance Company  
2250 Chapel Ave West, Cherry Hill, NJ 08002

**Vice President Joseph Kristel**

American European Insurance Company  
2250 Chapel Ave West, Cherry Hill, NJ 08002



Signature of Officer  
David Weiner, CFO

FILED  
18 JAN 12 PM 4:57  
U.S. DISTRICT COURT  
DISTRICT OF NEW JERSEY  
CHERRY HILL, NJ

# *The State of New Hampshire*



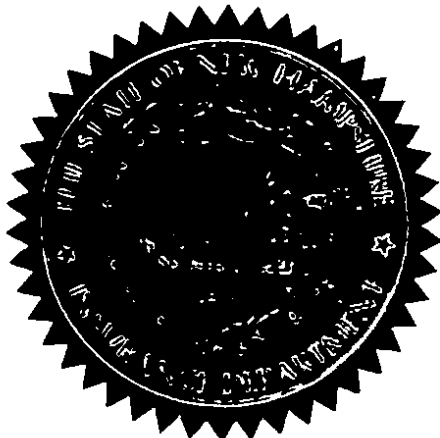
## *Office of the Insurance Commissioner*

IT IS HEREBY CERTIFIED that the annexed copy of the Duplicate Certificate of Authority License No: 100335 of

### **AMERICAN EUROPEAN INSURANCE COMPANY**

Has been compared with the original on file in this Department and that it is a correct transcript there from and of the whole of said original.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Insurance Department at the City of Concord, this 4<sup>th</sup> day of December 2017.



A handwritten signature in black ink, appearing to read "R. A. Sevigny".

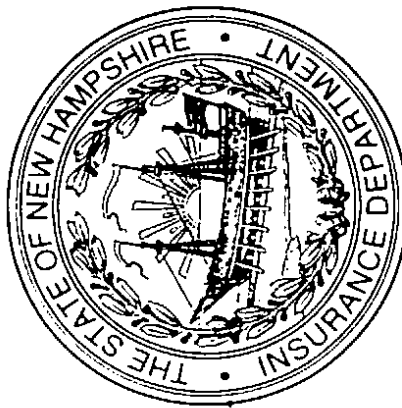
Roger A. Sevigny  
Insurance Commissioner

**THE STATE OF NEW HAMPSHIRE  
INSURANCE DEPARTMENT**

**DUPLICATE**  
License No: 100335

Presents that **AMERICAN EUROPEAN INSURANCE COMPANY**  
is hereby authorized to transact Accident & Health, Property & Casualty lines of Insurance  
in accordance with paragraphs I, II, IV, V, VI, VII of NH RSA 401:1.  
Exclusions:

Effective Date: 06/15/2017  
Expiration Date: 06/14/2018



A handwritten signature in dark ink, appearing to read "R. Sevigny".

**Roger A. Sevigny**  
Commissioner of Insurance

Applicant Name: American European Insurance Company

NAIC No.: 23337

FEIN: 02-6005008

**Uniform Certificate of Authority Application (UCAA)**  
**CERTIFICATE OF COMPLIANCE**

State of New Hampshire Office of Commissioner  
(Domiciliary state of applicant) (Commissioner, Superintendent, Officer)

I, Roger A. Sevigny, hereby certify that I am the\*  
(name)  
Commissioner of the State of New Hampshire  
(position)

and have supervision of insurance business in said State and as such I hereby certify that

**AMERICAN EUROPEAN INSURANCE COMPANY**  
(name of Insurer)

of Manchester, New Hampshire is duly organized under the laws of said State and is authorized  
(state)

to transact the business of Accident & Health and Property & Casualty Insurance  
(lines of insurance)

(Paragraphs I, II, IV, V, VI, VII of RSA 401:1) in this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand at Concord, New Hampshire  
(location)

on this 4th day of December A.D. 2017.  
(month)



(signature)

Roger A. Sevigny, Commissioner  
(printed name)



\*Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.

\*\*Lines of Insurance as shown on Form 3 of UCAA