

718000005848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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M. MILLIGAN
DEC 21 2018



December 5, 2018

Florida Secretary of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: UCAA Tracking No.: 108645-00
Carrier: Worth Casualty Company
NAIC No.: 11090

To Whom It May Concern;

Enclosed is the Application by Foreign Corporation for Authorization to Transact Business in Florida for Worth Casualty Company who is pursuing a Certificate of Authority with the Florida Office of Insurance Regulation. Also attached is payment in the amount of eighty-seven dollars and fifty cents (\$87.50).

Please let us know should you require any additional information. You may contact me at (512) 919-4284 extension 101 or via email at tpacheco@redpointinsurance.com.

Respectfully,

A handwritten signature in black ink, appearing to read "Teresa Pacheco", written in a cursive style.

Teresa Pacheco,
Director of Regulatory Compliance

Encl: Cover letter
Application by Foreign Corporation for Authorization to Transact Business in Florida
Redpoint's Check #1701 \$87.50

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Worth Casualty 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:

Brian E. Freeman

Name of Person

Worth Casualty Company

Firm/Company

5500 Lower Birdville Road

Address

Fort Worth Texas 761447-5613

City/State and Zip code

bfreeman@agworkers.com

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

For further information concerning this matter, please call:

Brian E. Freeman

at (817) 831-9900

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. Worth Casualty 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. Texas 3. 75-2928878
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3-16-2001 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. 5500 Lower Birdville Road, Fort Worth Texas 76117-5613
(Principal office address)

P.O. Box 66, Fort Worth Texas 76101-0066

(Current mailing address, if different)

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

Name: C T Corporation System

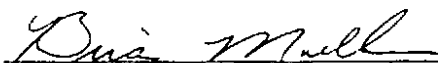
Office Address: 1200 South Pine Island Road

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.

Brian Mueller
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.

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

A. DIRECTORS

Chairman: Marcus E. Hill

Address: 5500 Lower Birdville Road
Fort Worth Texas 76117-5613

Vice Chairman: Fritz L. Nelius

Address: 1401 Boyd Road, Suite 200
Rosenberg, Texas 77471

Director: Brandon M. Hill

Address: 201 Main Street, Suite 2500
Fort Worth, Texas 76102

Director: Douglas P. Cassidy

Address: 1320 S. University Drive, Suite 110
Fort Worth, Texas 76107

B. OFFICERS

President: Marcus E. Hill

Address: 5500 Lower Birdville Road
Fort Worth Texas 76117-5613

Vice President: _____

Address: _____

Secretary: Brandon M. Hill

Address: 5500 Lower Birdville Road, Fort Worth Texas 76117-5613

Treasurer: Brian E. Freeman

Address: 5500 Lower Birdville Road, Fort Worth Texas 76117-5613

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. Brian E. Freeman, Treasurer

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



TEXAS DEPARTMENT OF INSURANCE

Financial Regulation Division - Company Licensing and Registration (103-CL)
333 Guadalupe, Austin, Texas 78701 ★ PO Box 149104, Austin, Texas 78714-9104
(512) 676-6400 | F: (512) 490-1035 | (866) 554-4926 | TDI.texas.gov | @TexasTDI

STATE OF TEXAS §
 §
COUNTY OF TRAVIS §

The Commissioner of Insurance, as the chief administrative and executive officer and custodian of records of the Texas Department of Insurance has delegated to the undersigned the authority to certify the authenticity of documents filed with or maintained by or within the custodial authority of the Company Licensing and Registration Office of the Texas Department of Insurance.

Therefore, I hereby certify that the attached documents are true and correct copies of the documents described below. I further certify that the documents described below are filed with or maintained by or within the custodial authority of the Company Licensing and Registration Office of the Texas Department of Insurance.

Current certificate of authority for WORTH CASUALTY COMPANY, Fort Worth, Texas, dated March 16, 2001.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this 12th day of September, 2018.



COMMISSIONER OF INSURANCE

BY: 

Jeff Hunt, Director

Company Licensing and Registration Office

Commissioner's Order No. 10-1042

Texas Department of Insurance



Certificate No. 12789

Company No. 07-095582

Certificate of Authority

THIS IS TO CERTIFY THAT

WORTH CASUALTY COMPANY

FORT WORTH, TEXAS

has complied with the laws of the State of Texas applicable thereto and is hereby authorized to transact the business of

Fire; Allied Coverages; Hail-growing crops only; Rain; Inland Marine; Ocean Marine; Aircraft--Liability & Physical Damage; Accident; Health; Automobile--Liability & Physical Damage; Liability other than Automobile; Fidelity & Surety; Glass; Burglary & Theft; Forgery; Boiler & Machinery; Credit; Livestock; Prepaid Legal Services and Reinsurance on all lines authorized to be written on a direct basis

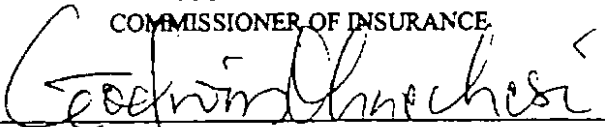
insurance within the state of Texas. This Certificate of Authority shall be in full force and effect until it is revoked, canceled or suspended according to law.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this

16th day of March A.D. 2001

JOSE MONTEMAYOR
COMMISSIONER OF INSURANCE

BY


Godwin Ohaechesi, Director
Company Licensing & Registration

Applicant Company Name: Worth Casualty Company

NAIC No. 11090
FEIN 75-2928878

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

State of Texas
(Domiciliary State of Applicant Company)

Office of Department of Insurance
(Commissioner, Superintendent, Officer)

I, Jeff Hunt, hereby certify that I am the Director of Company Licensing & Registration office *
(Name) (Position)

of the State of Texas and have supervision of insurance business in said State and as such,

I hereby certify that

Worth Casualty Company
(Name of Applicant Company)

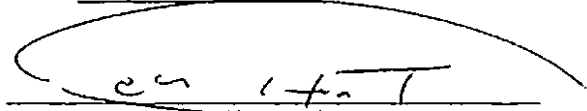
of FORT WORTH, Texas is duly organized under the laws of said state and
(City/State)

is authorized to transact the business of

Accident, Aircraft Liability, Aircraft Physical Damage, Allied Coverages, Auto Physical Damage, Automobile
(Lines of Insurance)**
Liability, Boiler & Machinery, Burglary & Theft, Credit, Employers Liability, Fidelity & Surety, Fire, Forgery,
Glass, Hail, Health, Inland Marine, Liability Other than Auto, Livestock, Ocean Marine, Rain, and Workers Comp
and Emp Liability
insurance in this state.

IN TESTIMONY WHEREOF, I have hereunto set my hand at Austin, Texas
(Location)

on September 12, 2018


(Signature)

Jeff Hunt
(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

