

9/28/2020

Division of Corporations

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Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
CSAA Fire & Casualty Insurance Company

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

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Corporate Filing Menu

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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.

1. CSAA Fire & Casualty 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. Indiana 3. (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 28, 2005 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. 3055 Oak Road, Walnut Creek, CA 94597
 (Principal office address)

(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.

C T Corporation System

By: Lisa DuBois Lisa DuBois/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: Thomas Troy
3055 Oak Road, Walnut Creek, CA 94597
Address:

Vice Chairman:
Address:

Director: Michael Zukerman
3055 Oak Road, Walnut Creek, CA 94597
Address:

Director: Andrea Hecht
3055 Oak Road, Walnut Creek, CA 94597
Address:

B. OFFICERS

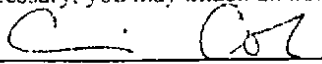
President: Thomas Troy
3055 Oak Road, Walnut Creek, CA 94597
Address:

Vice President:
Address:

Secretary: Michael Zukerman
3055 Oak Road, Walnut Creek, CA 94597
Address:

Treasurer: Andrea Hecht
3055 Oak Road, Walnut Creek, CA 94597
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. Carrie Collins, Assistant Secretary
(Typed or printed name and capacity of person signing application)

**FLORIDA – APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA****11a. DIRECTORS (CONTINUED)**

Name	TITLE	ADDRESS
LINSAY HOHMANN	DIRECTOR	3055 OAK ROAD, WALNUT CREEK, CA 94597
ROBERT VALLIERE	DIRECTOR	3055 OAK ROAD, WALNUT CREEK, CA 94597
BRIAN GUST	DIRECTOR	450 E 96TH ST, STE 500, INDIANAPOLIS, IN, 46240

11b. OFFICERS (CONTINUED)

Name	TITLE	ADDRESS
RYAN VIGUS	OFFICER (ASSISTANT VICE PRESIDENT)	3055 OAK ROAD, WALNUT CREEK, CA 94597
JIANLU XU	OFFICER (ASSISTANT VICE PRESIDENT)	3055 OAK ROAD, WALNUT CREEK, CA 94597
CARRIE COLLINS	OFFICER (ASSISTANT SECRETARY)	3055 OAK ROAD, WALNUT CREEK, CA 94597
KATHERINE EVANS	OFFICER (ASSISTANT SECRETARY)	3055 OAK ROAD, WALNUT CREEK, CA 94597

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

CSAA FIRE & CASUALTY INSURANCE COMPANY

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 26, 2005, and was in existence or authorized to transact business in the State of Indiana on September 25, 2020.

I further certify this Domestic Insurance Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, September 25, 2020

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2005103100228 / 20201639791

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on October 25, 2020.