

F200000004631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

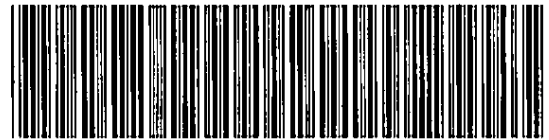
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W200000030951

Office Use Only



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03/17/20--01011--020 \*\*78.75

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TALLAHASSEE, FLORIDA

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10/20/20

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October 16, 2020

Florida Division of Corporations  
Registration Section  
The Centre of Tallahassee  
245 N. Monroe Street, Ste. 810  
Tallahassee, FL 32303

RE: Silver Oak Casualty, Inc. (NAIC #26869)  
Application to Transact Business  
Ref. Number W20000030951

Dear Sir or Madam,

Please find enclosed the completed Application by Foreign Corporation for Authorization to Transact Business and Certificate of Compliance issued by the Nebraska Department of Insurance. A copy of your letter dated March 23, 2020 is also enclosed for reference.

I was advised via email from RegistrationsCorpHelp@Dos.myflorida.com that as an insurance company, the Chief Financial Officer of the State of Florida is the proper individual to name as registered agent, and that his signature on the application is not required at time of submission. I was additionally advised that another application fee would not be required.

Please return the Certificate of Status to my attention at the address below. Should you have any questions or require additional information, please feel free to contact me at 337-460-2366 or spowers@amerisafe.com.

Sincerely,

Susan Powers, RP  
Regulatory Manager

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OCT 19 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 23, 2020

SUSAN POWERS  
2301 HWY 190 WEST  
DERIDDER, LA 70634

SUBJECT: SILVER OAK CASUALTY, INC.  
Ref. Number: W20000030951

We have received your document for SILVER OAK CASUALTY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 020A00006334

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Silver Oak Casualty, Inc.

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:

Susan Powers

Name of Person

AMERISAFE, Inc.

Firm/Company

2301 Hwy 190 West

Address

DeRidder, LA 70634

City/State and Zip code

apearson@amerisafe.com

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

For further information concerning this matter, please call:

Susan Powers

at ( 337 ) 460-2366

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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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. Silver Oak Casualty, Inc.  
(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. Nebraska 3. 72-1215354  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 4, 1992 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. 2301 Hwy 190 West, DeRidder, LA 70634  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: Chief Financial Officer of the State of Florida

Office Address: 200 East Gaines Street

Tallahassee, Florida 32399  
(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.*

\_\_\_\_\_  
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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# A. DIRECTORS

☒ Chairman Name: G. Janelle Frost  
☐ Vice Chairman Address: 1820 Hwy 27  
☒ Director DeRidder, LA 70634  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☒ Other CEO \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Andrew B. McCray  
☐ Vice Chairman Address: 3138 Lumas Rd  
☒ Director DeRidder, LA 70634  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☒ Other Chief UW Officer \_\_\_\_\_ ☒ Other Exec VP \_\_\_\_\_

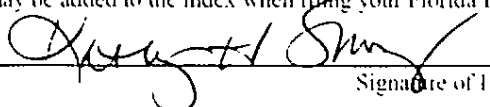
☐ Chairman Name: Neal Fuller  
☐ Vice Chairman Address: 305 Country Lane  
☒ Director DeRidder, LA 70634  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☒ Treasurer \_\_\_\_\_  
☒ Other CFO \_\_\_\_\_ ☒ Other Exec VP \_\_\_\_\_

☐ Chairman Name: Vincent J. Gagliano  
☐ Vice Chairman Address: 4616 Angelle Dr  
☒ Director Sulphur, LA 70663  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☒ Other Chief Risk Officer \_\_\_\_\_ ☒ Other Exec VP \_\_\_\_\_

☐ Chairman Name: Kathryn H. Shirley  
☐ Vice Chairman Address: 1455 Hwy 27  
☒ Director DeRidder, LA 70634  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☒ Other Chief Admin Off. \_\_\_\_\_ ☒ Other Exec VP \_\_\_\_\_

☐ Chairman Name: Henry O. Lestage, IV  
☐ Vice Chairman Address: 312 Nolan St.  
☒ Director DeRidder, LA 70634  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☒ Other Sr VP/Claims \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. Kathryn H. Shirley, Executive Vice President/Chief Administrative Officer/Secretary  
 (Typed or printed name and capacity of person signing application)

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**DIRECTORS, Continued**

David R. Morton,  
Director/Sr VP, Sales &  
Marketing  
420 Williams Rd.  
DeRidder, LA 70634

Angela W. Pearson,  
Director/Sr VP/Controller  
315 Morris Rd.  
DeRidder, LA 70634

Shane Hook,  
Director  
984 South 119th Court  
Omaha, NE 68154

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TALLAHASSEE, FLORIDA

# STATE OF NEBRASKA DEPARTMENT OF INSURANCE CERTIFICATE OF COMPLIANCE

October 07, 2020

I, BRUCE R. RAMGE, Director of Insurance for the State of Nebraska, being the official charged by law with the supervision of insurance in said State, do hereby certify that the **SILVER OAK CASUALTY, INC.**, a Nebraska Insurance corporation, is duly organized under the laws of this State and that said company has complied with all the requirements of the laws of this State and that it is authorized to issue policies and transact the business of insurance as described by subsection(s) 05 Property Insurance, 08 Burglary and Theft Insurance, 10 Liability Insurance, 11 Workers Comp and Employers Liability, 12 Vehicle Insurance, 18 Marine Insurance, 20 Miscellaneous Insurance of Section 44-201 of the Nebraska Statutes.

I hereto subscribe my name under the seal of my office at Lincoln, Nebraska.



*Bruce R. Ramge*  
\_\_\_\_\_  
DIRECTOR OF INSURANCE