

F95000005459

TRANSMITTAL LETTER

TO: QUALIFICATION/REGISTRATION SECTION
DIVISION OF CORPORATIONS

RECEIVED
- 10/11/95 - 01 108-001
*****35.00 *****45.00

SUBJECT: Cedar Hill Assurance Company
(Name of corporation)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

Preston B. Kavanagh
(Name of Person)
Cedar Hill Assurance Company
(Firm/Company)
7273 E. Doubletree-#150
(Address)
Scottsdale, AZ 85258
(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

Preston Kavanagh at (602) 951 - 4177
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:
Qualification/Registration Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Qualification/Registration Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV - 7 PM 1:45



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 12, 1995

PRESTON B. KAVANAGH
CEDAR HILL ASSURANCE COMPANY
7373 E. DOUBLETREE-150
SCOTTSDALE, AZ 85258

SUBJECT: CEDAR HILL ASSURANCE COMPANY
Ref. Number: W95000020323

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DIVISION OF CORPORATIONS
05 NOV -7 PM 1:45

We have received your document for CEDAR HILL ASSURANCE COMPANY and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

The certification that you have submitted is issued by the Texas Department of Insurance. The certificate that we require is issued by the Secretary of State's office and is called a certificate of existence or good standing.

A certificate of existence, 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 (904) 487-6095.

Jennifer Sindt
Document Examiner

Letter Number: 895A00046118

Texas Department of Insurance

555 Colorado Street, P.O. Box 12000 Austin, Texas 78712-0000

October 30, 1995

Ms. Jennifer Sindt
Document Examiner
Florida Department of Insurance
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Cedar Hill Assurance Company
Ref. Number: W95000020323

Dear Ms. Sindt:

This Department has been advised by the captioned company, that in the process of filing their documents to be admitted in Florida, they have received a letter from you, requesting certified documents from the Secretary of State's Office (certificate of good standing or existence and incorporation documents).

Please be advised that in the State of Texas, insurance companies are incorporated with the Texas Department of Insurance, rather than with the Secretary of State's Office. Our Secretary of State's Office incorporates insurance agencies and regular business corporations, but not insurance companies. I am also enclosing copies of our Texas Insurance Code, Chapter 2, which speaks of the incorporation procedures.

This is also true with the Certificate of Good Standing or Existence. The Secretary of State's Office does not do these certifications for insurance companies. Also, the Texas Department of Insurance does not issue this exact document. We issue a letter of Good Standing or a copy of the company's license or Certificate of Authority.

If I can be of further assistance in this matter, please feel free to contact me at (512) 322-4370. If you would like to contact the Secretary of State's Office, they may be reached at (512) 463-5555.

Very truly yours,



Cindy Thurman
Admissions Officer
Insurer Services
MC 305-2C

cc: Mr. Preston Kavanagh

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DIVISION OF CORPORATIONS
OCT 31 1995
5:45 PM

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. Cedar Hill Assurance Company
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Texas 3. 75-1467533
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 1951 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 6/1/96
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))

7. 7373 E. Doubletree #150
Scottsdale, AZ 85258
(Current mailing address)

8. property casualty insurance
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: Insurance Commissioner

Office Address: Capitol

Tallahassee, Florida, 32399-0300
(Zip Code)

10. 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.

Insurance Commissioner
(Registered agent's signature)

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.

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DIVISION OF CORPORATIONS
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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: C. B. DeHaan

Address: 7272 E. Doubletree #150
Scottsdale, AZ 85258

^{Director}
Vice Chairman: Kevin Sullivan

Address: Same

Director: Adam Mize

Address: 1 Chase Manhattan Plaza 44th FL.
New York, NY 10005

Director: Mark Sarlitto

Address: Same

B. OFFICERS

President: Preston Kavanagh

Address: 7373 E. Doubletree #150
Scottsdale, AZ 85258

Vice President: Joseph McCormick

Address: Same

Secretary: Douglas Jones

Address: Same

Treasurer: Preston Kavanagh

Address: Same

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

13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Preston Kavanagh, President
(Typed or printed name and capacity of person signing application)

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95 NOV -7 PM 1:45

Texas Department of Insurance



Certificate No. 10664

Company No. 07-014650

Certificate of Authority

THIS IS TO CERTIFY THAT

CEDAR HILL ASSURANCE COMPANY

AUSTIN, TEXAS

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DIVISION OF INSURANCE
55 NOV -7 PM 1:45

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; Inland Marine; Accident; Health; Workers' Compensation & Employers' Liability; Employers' Liability; Automobile--Liability & Physical Damage; Liability other than Automobile; Glass; Burglary & Theft; Credit; Livestock and Reinsurance on all lines authorized to be written on a direct basis

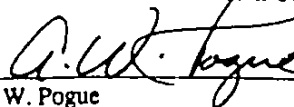
insurance within the state of Texas. This Certificate of Authority shall be in full force and effect until it is revoked, canceled or suspended according to law.

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

30th day of December A.D. 1994

REBECCA LIGHTSEY
COMMISSIONER OF INSURANCE

BY


A. W. Pogue
Associate Commissioner
Financial