

F9500006088
TRANSMITTAL LETTER

**TO: QUALIFICATION/REGISTRATION SECTION
DIVISION OF CORPORATIONS**

SUBJECT: UNDERWRITERS INDEMNITY 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:

FLORENCE CHEN
(Name of Person)
UNDERWRITERS INDEMNITY COMPANY
(Firm/Company)
8 GREENWAY PLAZA, SUITE 400,
(Address)
HOUSTON, TEXAS 77046
(City, State and Zip Code)

500001660105
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****131.25 ****131.25

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

FLORENCE CHEN at (713) 961 - 1300
(Name of Person) Area Code & Daytime Telephone Number

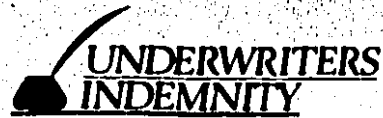
COURIER ADDRESS:

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

9/12/14
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DIVISION OF CORPORATIONS



HOUSTON • DENVER
8 GREENWAY PLAZA, SUITE 400
HOUSTON, TEXAS 77046
(713) 961-1300
TELECOPIER: (713) 961-0285

December 7, 1995

Florida Department of State
Qualification/Registration Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL. 32314

**Re: Application by Foreign Corporation for Authorization to
Transact Business in Florida and Certificate of Existence**

Dear Sir:

To register a foreign profit corporation to transact business in Florida, we are enclosing the following,

1. Transmittal Letter.
2. Certified Certificate of Authority. Texas Department of Insurance only issues the Certificate of Authority, which is the same as the Existence
3. Application by Foreign Corporation for Authorization to Transact Business in Florida to request for Certificate of Status.
4. Underwriters Indemnity Company's Check No.7084 in the amount of \$131.25 in the payment of the followings fees,
 - a. \$ 35.00 Filling Fee
 - b. 35.00 Registered Agent Designation Fee
 - c. 8.75 A Certificate of Status
 - d. 52.50 Certified Copy Fee

\$131.25 Total of Check

We are looking forward to receiving our registration as soon as possible.

Sincerely yours.

A handwritten signature in cursive script, appearing to read "Florence Chen".
Florence Chen

Attachments

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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. UNDERWRITERS INDEMNITY 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. STATE OF TEXAS
(State or country under the law of which it is incorporated)
3. 76-0128873
(FEI number, if applicable)
4. MARCH 20, 1994
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 8 GREENWAY PLAZA, SUITE 400
HOUSTON, TEXAS 77477
(Current mailing address)
8. TO PROVIDE INSURANCE PRODUCTS TO COMMERCIAL RISKS.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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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.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: EDWIN HENRY FRANK, III
Address: 8 GREENWAY PLAZA, SUITE 400
HOUSTON, TEXAS 77046

DIRECTOR ~~Vice Chairman~~: ROY CONLIN DIE
Address: 8 GREENWAY PLAZA, SUITE 400
HOUSTON, TEXAS 77046

Director: MARY ALICE (MOLLY) REAGAN
Address: 8 GREENWAY PLAZA, SUITE 400
HOUSTON, TEXAS 77046

Director: JOHN LYNN GARNER
Address: 8 GREENWAY PLAZA, SUITE 400
HOUSTON, TEXAS 77046

B. OFFICERS

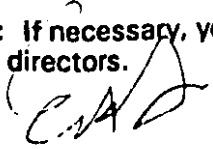
President: EDWIN HENRY FRANK, III
Address: 8 GREENWAY PLAZA, SUITE 400
HOUSTON, TEXAS 77046

Vice President: ROY CONLIN DIE
Address: 8 GREENWAY PLAZA, SUITE 400
HOUSTON, TEXAS 77046

Secretary: ROY CONLIN DIE
Address: 8 GREENWAY PLAZA, SUITE 400
HOUSTON, TEXAS 77046

Treasurer: JOHN LYNN GARNER
Address: 8 GREENWAY PLAZA, SUITE 400
HOUSTON, TEXAS 77046

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

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

14. EDWIN H. FRANK, III, PRESIDENT
(Typed or printed name and capacity of person signing application)

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**ADDENDUM TO APPLICATION OF ITEM 12 LISTING ADDITIONAL OFFICERS
AND/OR DIRECTORS.
UNDERWRITERS INDEMNITY COMPANY**

A. DIRECTORS

Director: LEONARD DEWEY MARKS
Address: 8 GREENWAY PLAZA, SUITE 400
HOUSTON, TEXAS 77047
Director: JOHN ALBERT BANNON, JR.
Address: 8 GREENWAY PLAZA, SUITE 400
HOUSTON, TEXAS 77047
Director: GREG ELWOOD CHILSON
Address: 8 GREENWAY PLAZA, SUITE 400
HOUSTON, TEXAS 77047

B. OFFICERS

Vice President: LEONARD DEWEY MARKS
Address: 8 GREENWAY PLAZA, SUITE 400
HOUSTON, TEXAS 77047
Vice President: MARY ALICE (MOLLY) REAGAN
Address: 8 GREENWAY PLAZA, SUITE 400
HOUSTON, TEXAS 77047

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DIVISION OF CORPORATIONS
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Texas Department of Insurance

333 Guadalupe Street P.O.Box 149104 Austin, Texas 78714-9104
512/463-6169

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 Insurer Services Division 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 Insurer Services Division of the Texas Department of Insurance.

The Certificate of Authority of UNDERWRITERS INDEMNITY COMPANY,
Houston, Texas, No. 7632, dated April 2, 1984, consisting of one (1) page.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin,
Texas, this 30th day of November, 1995.

ELTON BOMER
COMMISSIONER OF INSURANCE

BY:

Cindy Thurman

Cindy Thurman
Admissions Officer
Insurer Services Division
Order No. 94-0708

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STATE OF TEXAS
STATE BOARD OF INSURANCE

Certificate No. 7632



Company No. 07-06082

CERTIFICATE OF AUTHORITY

THIS IS TO CERTIFY THAT

UNDERWRITERS INDEMNITY COMPANY
HOUSTON, TEXAS

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

Fire; Allied Coverages; Hail, growing crops only; Rain; Inland Marine; Ocean
Marine; Aircraft--Liability & Physical Damage; Accident; Health; Workers'
Compensation & Employers' Liability; Employers' Liability; Automobile--Liability
& Physical Damage; Liability other than Automobile; Fidelity & Surety; Glass;
Burglary & Theft; Forgery; Boiler & Machinery; 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
2nd day of April, A. D. 1984

Jim Bond

COMMISSIONER OF INSURANCE