

# F98000005349

Document Number Only

C T Corporation System  
Requestor's Name  
660 East Jefferson Street  
Address  
Tallahassee, FL 32301  
City State Zip Phone

100002635281--4  
-09/09/98--01046--014  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

## CORPORATION(S) NAME

Reliant Insurance Company *way-20555*

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 SEP 23 PM 3:43

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|--------------------------------------------------------|-------------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> Profit             | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> NonProfit                     | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input type="checkbox"/> Limited Liability Company     |                                                 |                                             |
| <input checked="" type="checkbox"/> Foreign            |                                                 |                                             |
| <input type="checkbox"/> Limited Partnership           | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Reinstatement                 | <input type="checkbox"/> Reservation            | <input type="checkbox"/> Change of R.A.     |
| <input type="checkbox"/> Limited Liability Partnership |                                                 | <input type="checkbox"/> Fictitious Name    |
| <input type="checkbox"/> Certified Copy                | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready               | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In            | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                      |                                                 |                                             |

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Name
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Verifier
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PLEASE RETURN EXTRA COPY(S)  
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THANKS  
JOEY

RECEIVED  
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DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

September 9, 1998

CT CORPORATION SYSTEM  
ATTN: JOEY

SUBJECT: RELIANT INSURANCE COMPANY  
Ref. Number: W98000020555

We have received your document for RELIANT INSURANCE COMPANY and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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 NOTE: In some states, the Secretary of State does not issue certificates for insurance companies. If the "certificate of compliance" you have submitted is the proper type of certificate from Michigan, please let us know. If a certificate is available from your Secretary of State, please submit one.

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) 487-6958.

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ATTN: LEE BURNS

File  
second

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CORPORATION

Lee Rivers  
Document Specialist

Letter Number: 598A00045867

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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. Reliant Insurance 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. Michigan 3. 38-1865162  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. February 9, 1968 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. Three Parkway, Philadelphia, PA 19102  
  
(Current mailing address)

8. Property and 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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6-10-1998 1:44PM

FROM WESTMONT

JUN-09-1998 16:25

CT CORP SYSTEM

1 215 563 7773 4.03/05

P. 3

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 (Street address only - P.O. Box NOT acceptable)

Chairman: SEE ATTACHED RIDER

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: SEE ATTACHED RIDER

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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**Officers & Directors**

Jeffrey J. Dailey	President, Chairman & CEO	1717 East Ninth Street Cleveland, OH 44114
Caroline Mae Koran	Senior Vice President & Chief Legal Officer, Director	1717 East Ninth Street Cleveland, OH 44114
Robert Sadler	Vice President & Treasurer	1717 East Ninth Street Cleveland, OH 44114
Kevin G. McLean	Secretary	77 Water Street New York, NY 10005
Roger S. Bevan	Senior Vice President	1717 East Ninth Street Cleveland, OH 44114
Michael P. Blivess	Senior Vice President	Three Parkway Philadelphia, PA 19102
Steward J. Gerson	Senior Vice President	Three Parkway Philadelphia, PA 19102
James G. Reeves	Senior Vice President	1717 East Ninth Street Cleveland, OH 44114
Carl D. Sullo	Senior Vice President, Director	77 Water Street New York, NY 10005
Susan M. Tyler	Senior Vice President	1717 East Ninth Street Cleveland, OH 44114
Dennis A. Busti	Director	77 Water Street New York, NY 10005
Jerome H. Carr	Director	Three Parkway Philadelphia, PA 19102
John V. DePinto	Director	3001 Big Beaver Road Troy, MI 48084
Kenneth R. Frohlich	Director	Three Parkway Philadelphia, PA 19102
Albert J. Marino	Director	77 Water Street New York, NY 10005
Jeffrey A. Welikson	Director	77 Water Street New York, NY 10005
Joel D. Yatskowitz	Director	77 Water Street New York, NY 10005

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Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**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. \_\_\_\_\_

Kevin G. McLean, Secretary  
(Typed or printed name and capacity of person signing application)

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**CERTIFICATE OF COMPLIANCE**

Michigan Insurance Bureau

Effective Date: September 4, 1998

THIS IS TO CERTIFY, that

RELIANT INSURANCE COMPANY  
( Michigan stock insurer )  
NAIC No. 19658

is organized under the laws of this State and is authorized to issue policies and transact business under the following Sections of the Insurance Code of 1956, as amended:

Chapter 06 - Section 606 - Disability  
Chapter 06 - Section 610 - Property  
Chapter 06 - Section 614 - Ocean Marine  
Chapter 06 - Section 616 - Inland Marine  
Chapter 06 - Section 620 - Automobile Insurance - limited  
Chapter 06 - Section 624 - SubSection 1a - Casualty: Steam Boiler, Flywheel & Machinery  
Chapter 06 - Section 624 - SubSection 1b - Casualty: Automobile  
Chapter 06 - Section 624 - SubSection 1b - Casualty: Workers' Compensation  
Chapter 06 - Section 624 - SubSection 1b - Casualty: Liability  
Chapter 06 - Section 624 - SubSection 1c - Casualty: Plate Glass  
Chapter 06 - Section 624 - SubSection 1d - Casualty: Sprinkler and Water Damage  
Chapter 06 - Section 624 - SubSection 1e - Casualty: Credit  
Chapter 06 - Section 624 - SubSection 1f - Casualty: Burglary and Theft  
Chapter 06 - Section 624 - SubSection 1g - Casualty: Livestock  
Chapter 06 - Section 624 - SubSection 1h - Casualty: Malpractice  
Chapter 06 - Section 624 - SubSection 1i - Casualty: Misc - Other  
Chapter 06 - Section 625 - Disability coverage supplemental to Auto Insurance  
Chapter 06 - Section 628 - Surety & Fidelity

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By: Carol Ostrowski  
Director, Company Admissions Division