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TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

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SUBJECT: Avomark Insurance Company
(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", 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:

Debra Crane
(Name of Person)
Ohio Casualty Group
(Firm/Company)
136 North Third Street
(Address)
Hamilton, Ohio 45025
(City, State and Zip Code)

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

Debra Crane at (513) 867 - 3568
(Name of Person) Area Code & Daytime Telephone Number

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

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

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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. Avomark 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. Indiana 3. 31-1482353
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/23/96 5. Perpetual
(Date of Incorporation) (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. 136 North Third Street
Hamilton, Ohio 45025
(Current mailing address)

8. 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)

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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.

See Addendum 2

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

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

Chairman: Lauren N. Patch

Address: 434 Chisholm Trail, Cincinnati, Ohio 45215

Director: Joseph L. Marcum

Address: 475 Oakwood Drive

Hamilton, Ohio 45013

Director: Howard L. Sloneker III

Address: 7 Little Creek Lane

Cincinnati, Ohio 45246

Director: Barry S. Porter

Address: 385 Oliver Road

Cincinnati, Ohio 45215

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

President: Lauren N. Patch

Address: 434 Chisholm Trail

Cincinnati, Ohio 45215

Vice President: Thomas P. Prentice

Address: 7095 Walliswood Court

Hamilton, Ohio 45011

Secretary: Howard L. Sloneker III

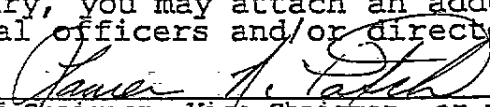
Address: 7 Little Creek Lane

Cincinnati, Ohio 45246

Treasurer: Barry S. Porter

Address: 385 Oliver Road, Cincinnati, Ohio 45215

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. See Addendum 1

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

14. Lauren N. Patch President & Chief Executive Officer
(Typed or printed name and capacity of person signing application)

AVOMARK INSURANCE COMPANY

DIRECTORS

Lauren N. Patch
Joseph L. Marcum
Howard L. Sloneker III
Michael L. Evans
Barry S. Porter
Donald J. Dehne
Jay R. Baas

OFFICERS

Lauren N. Patch
Barry S. Porter
Howard L. Sloneker III
Thomas P. Prentice
Donald J. Dehne

VICE PRESIDENTS

Steven James Adams
John Edward Bade, Jr.
John Stanley Busby
Robert Larry Chaloult
William George Erickson
David Gervers
Ralph Glass Goode
Harry Elvin Hunter
Ron Reed Hutchison
Richard Brendan Kelly
Coy Leonard, Jr.
William Ernst Minor
Thomas Parkton Prentice
Elizabeth Margaret Riczko
Bert Dennis Soderlund
Frederick William Wendt

Addendum 2

INSURANCE DEPARTMENT

STATE OF INDIANA

Office of

COMMISSIONER OF INSURANCE

Indianapolis, Indiana, June 16, 1998

I, Sally McCarty, Commissioner of Insurance of the State
of Indiana, do hereby certify that I have caused to have compared
the annexed copy of the Certificate of Authority
of the AVOMARK INSURANCE COMPANY
of Indianapolis, Indiana

with the original of on file at this Department and find the same
to be a correct transcript of the whole of said original.

In witness whereof I have hereunto
set my hand and affixed my official
seal the day and year first above
written.



Sally McCarty
Commissioner of Insurance

Department of Insurance
State of Indiana
OFFICE OF
Insurance Commissioner

CERTIFICATE OF AUTHORITY

Indianapolis, Indiana September 25, 19 97

Whereas, The Avomark Insurance Company
of Indianapolis, Indiana *having complied with all*
the requirements of the laws regulating Stock Multi-Line
Insurance Companies doing business in the State of Indiana.

Therefore, as Insurance Commissioner of the State of Indiana, by virtue of authority vested in me by law, I
hereby authorize, empower and license the above named company to transact its appropriate business of:

Class II (a)(b)(c)(d)(e)(f)(g)(h)(i)(kt)(l)(m)

Class III (a)(b)(c)(d)

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through its duly authorized agents in the State of Indiana, in accordance with the laws thereof which are applicable
to said Company.



IN TESTIMONY WHEREOF I hereunto
subscribe my name and affix the seal of my
office the date written above.

Sally McCarty
INSURANCE COMMISSIONER