

TRANSMITTAL LETTER

F98000006941

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

000002712170--
-12/14/98-01133-006
****131.25 *****87.50

SUBJECT: Charter Indemnity 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:

W98-28068

Donald Carnahan

(Name of Person)

Charter Indemnity Company

(Firm/Company)

900 St. Paul Drive

(Address)

Richardson, Texas 75080

(City, State and Zip Code)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 21 PM 4:17

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

012/21

Jennifer Wareham

(Name of Person)

at (972) 690 - 5500 ext. 354

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

December 10, 1998

Florida Department of State
Qualifications/Tax Lien Section
409 E. Gaines Street
Tallahassee, Florida 32399

RE: Charter Indemnity Company
Certificate of Status



Charter Plaza
900 St. Paul Drive
Richardson, Texas 75080
P.O. Box 223687
Dallas, TX 75222-3687
Tel. (972) 690-5500
Wats 1-800-456-1919
Fax (972) 669-7922

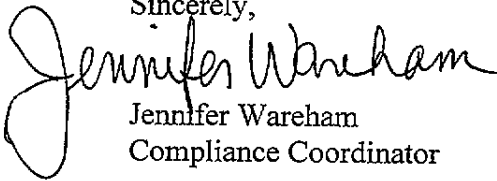
Dear Sir/Madam:

Attached please find the following attachments in support of our request for qualification with the Secretary of State of Florida:

- Application by Foreign Corporation for Authorization to Transact Business in Florida
- Transmittal Letter
- Certificate of Existence from our domiciled state
- Check in the amount of \$131.25 for a certified copy of our Certificate of Status

Please contact me at 1-800-456-1919 ext. 354 if you have questions or need additional information.

Sincerely,



Jennifer Wareham
Compliance Coordinator

Attachments

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

December 15, 1998

DONALD CARNAHAN
CHARTER INDEMNITY COMPANY
900 ST. PAUL DR.
RICHARDSON, TX 75080

SUBJECT: CHARTER INDEMNITY COMPANY
Ref. Number: W98000028068

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DIVISION OF CORPORATIONS
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We have received your document for CHARTER INDEMNITY COMPANY and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The certificate of existence that we require is issued by the Secretary of State's office, not the Department of Insurance. The certificate may also be called a certificate of 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 (850) 487-6095.

Jennifer Sindt
Document Examiner

Letter Number: 098A00059071

December 15, 1998

Florida Department of State
Qualifications/Tax Lien Section
409 E. Gaines Street
Tallahassee, Florida 32399

RE: Charter Indemnity Company
Qualification in the State of Florida



Charter Insurance Companies

Charter Plaza
900 St. Paul Drive
Richardson, Texas 75080
P.O. Box 223687
Dallas, TX 75222-3687
Tel. (972) 690-5500
Wats 1-800-456-1919
Fax (972) 669-7922

Dear Sir/Madam:

* In response to your request for a Certificate of Existence from the Texas Secretary of State, please be advised that Insurance Companies in Texas are registered with the Department of Insurance rather than the Secretary of State. Our Certificate of Existence from the Texas Department of Insurance was included with our original filing sent to you on 12/11/98.

Please contact me at 1-800-456-1919 ext. 106 if you have any questions. Thank you for your cooperation.

Sincerely,

Donald G. Carnahan
Vice President &
Chief Financial Officer

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Charter Group, Inc.
Charter General Agency, Inc.
Charter Indemnity Company
Charter County Mutual Insurance Co.
Valley National Insurance Company

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. Charter 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. Texas
(State or country under the law of which it is incorporated)
3. 75-1636168
(FEI number, if applicable)
4. 2/5/79
(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. P.O. Box 223687
Dallas, Texas 75222-3687
(Current mailing address)
8. To write personal lines automobile 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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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: Morgan Davis

Address: 80 South Main Street
Hanover, New Hampshire 03755

Vice Chairman: N/A

Address: _____

Director: Terry Baxter

Address: 80 South Main Street
Hanover, New Hampshire 03755

Director: Raymond Barrette

Address: 80 South Main Street
Hanover, New Hampshire 03755

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

President: Carey Benson

Address: 900 St. Paul Drive
Richardson, Texas 75080

Vice President: Richard Cantrell

Address: 900 St. Paul Drive
Richardson, Texas 75080

Secretary: Stuart Olson

Address: 2450 14th Ave. SE
Albany, Oregon

Treasurer: Donald Carnahan

Address: 900 St. Paul Drive, Richardson, Texas 75080

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. Donald Carnahan- Vice President, Chief Financial Officer, Treasurer & Asst. Secretary
(Typed or printed name and capacity of person signing application)

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Addendum

CHARTER INDEMNITY COMPANY

OFFICERS & DIRECTORS

Directors

Carey Benson
900 St. Paul Drive
Richardson, Texas 75080

Stuart Olson
2450 14TH Ave., S.E.
Albany, Oregon 97321

Dennis Beaulieu
1117 Elm Street
Manchester, New Hampshire 03101

Donald Carnahan
900 St. Paul Drive
Richardson, Texas 75080

Officers

Lawrence W. Kufel
900 St. Paul Drive
Richardson, Texas 75080

Phillip Gibson
900 St. Paul Drive
Richardson, Texas 75080

David Piper
900 St. Paul Drive
Richardson, Texas 75080

Mark Heitkamp
900 St. Paul Drive
Richardson, Texas 75080

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DEC. -21' 98 (MON) 09:28

CHARTER COUNTY MUTUAL

TEL: 972 671 8834

P. 002

12/21/98 08:43

512 322 3550

INSURER SERVICES

002



Texas Department of Insurance

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

December 21, 1998

Jennifer Wareham
Charter Insurance Companies
Charter Plaza
900 St. Paul Drive
Richardson, Texas 223687

RE: CHARTER INDEMNITY COMPANY
Richardson, Texas

Dear Ms. Jennifer Wareham:

Please be advised that the captioned company is currently licensed by Certificate of Authority No. 11571, dated July 7, 1997, to transact the business of insurance in the State of Texas. As of this date, said Certificate has not been canceled, suspended or revoked.

If we can be of further assistance, please advise.

Sincerely,

A handwritten signature in dark ink, appearing to read "Rita Kibbie".

Rita Kibbie
Insurance Specialist
Insurer Services
Mail Code 305-2C
512-322-4370

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DEC. -21' 98 (MON) 09:28
12/21/88 08:43

CHARTER COUNTY MUTUAL
512 322 3550

TEL: 972 671 8834
INSURER SERVICES

P. 003
003

Texas Department of Insurance



Certificate No. 11571

Company No. 07-093454

Certificate of Authority

THIS IS TO CERTIFY THAT

CHARTER INDEMNITY COMPANY

RICHARDSON, TEXAS

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

Fire; Allied Coverages; Inland Marine; Accident; Health; Automobile--
Liability & Physical Damage, Liability other than Automobile; Fidelity
& Surety 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

7th day of July . A.D. 1997

ELTON BOMER
COMMISSIONER OF INSURANCE

BY

Kathy A. Wilcox
Director
Insurer Services

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SECRETARY OF CORPORATIONS
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