

F99000005/55

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: UNDERWRITERS 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:

ALEXANDER J. JOSEPH, JR.

(Name of Person)

RLI INSURANCE COMPANY

(Firm/Company)

9025 N. LINDBERGH DRIVE

(Address)

PEORIA, ILLINOIS 61615-1431

(City/State/Zip)

600002996156--6

09/24/99-01042-016

\*\*\*\*\*78.75 \*\*\*\*\*78.75

W99-2253

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

ALEXANDER J. JOSEPH, JR.

(Name of Person)

at ( 309 )

692-1000 ext.5276

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

Underwriters Indemnity Company  
A division of RLI Insurance Company  
9025 N. Lindbergh Drive  
Peoria, Illinois 61615-1431  
Telephone: (309) 692-1000  
Facsimile: (309) 692-1068  
Internet: www.rlicorp.com

**RLI**

September 22, 1999

Qualification/Tax Lien Section  
Division of Corporations,  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

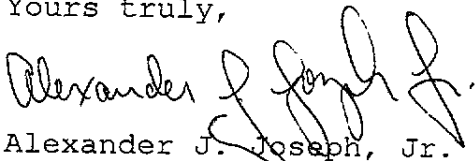
Underwriters Indemnity Company is applying for a Certificate of Authority to sell insurance in the State of Florida. Our application requires that we register with your office before we can send it in.

Please find enclosed the following items:

1. Check for \$78.75 which is for the Filing Fee and Certificate of Status
2. Completed Transmittal Letter
3. Attached Application
4. Original Articles of Incorporation

Please feel free to contact the undersigned concerning this application on our toll-free number (800) 331-4929, ext. 5276 at any time. I look forward to hearing from you at your earliest convenience.

Yours truly,



Alexander J. Joseph, Jr.  
Director, Insurance Department Affairs

Enclosures

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Please send the Certificate of Status to us at our expense using our Federal Express Number: 1244-1766-0. Or using the enclosed form.

Thank you for your prompt attention to this matter. Please do not hesitate to contact me toll free with any questions.

Sincerely,

*Amanda Barrett*

Amanda Barrett

800-331-4929

x 5583

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DIVISION OF CORPORATIONS  
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FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

September 29, 1999

ALEXANDER J. JOSEPH, JR.  
RLI INSURANCE COMPANY  
9025 N. LINDBERGH DRIVE  
PEORIA, IL 61615-1431

SUBJECT: UNDERWRIGHTERS IDEMNITY COMPANY  
Ref. Number: W99000022531

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We have received your document for UNDERWRIGHTERS IDEMNITY COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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

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) 487-6094.

Agnes Lunt  
Document Specialist

Letter Number: 799A00047607

Underwriters Indemnity Company  
A division of RLI Insurance Company  
9025 N. Lindbergh Drive  
Peoria, Illinois 61615-1431  
Telephone: (309) 692-1000  
Facsimile: (309) 692-1068  
Internet: www.rlicorp.com

**RLI**

October 4, 1999

Ms. Agnes Lunt  
Document Specialist  
Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

RE: UNDERWRITERS INDEMNITY COMPANY  
REF. NO. W99000022531  
LETTER NO. 799A00047607

Dear Ms. Lunt:

In reference to your letter dated September 29, 1999, a copy of which is enclosed. Underwriters Indemnity Company ("UIC") is enclosing the following items:

1. Certified copy of Underwriters Indemnity Company Certificate of Authority from the State of Texas dated September 22, 1999.

**Please note:** The State of Texas does not require insurance companies to register with through the Texas Secretary of State, nor does it issue Certificates of Existence.

Please accept this Certificate of Authority as proof of UIC's existence in Texas.

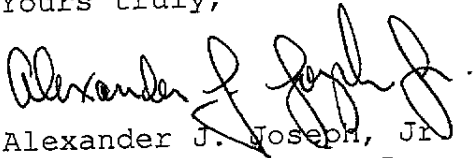
2. Completed list of UIC officers and directors and their business addresses, signed by Kim J. Hensey, VP/Corporate Secretary.

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**RLI**

Please feel free to contact the undersigned concerning this application on our toll-free number (800) 331-4929, ext. 5276 at any time. I look forward to hearing from you at your earliest convenience.

Yours truly,



Alexander J. Joseph, Jr.  
Director, Insurance Department Affairs.

Enclosures

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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. 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. HOUSTON, TEXAS 3. 76-0128873  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MARCH 20, 1984 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. 9025 N. LINDBERGH DRIVE  
PEORIA, IL 61615-1431  
(Current mailing address)
8. PROPERTY/CASUALTY INSURANCE  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
- Name: BRUCE BOWERS C/O HULL & COMPANY
- Office Address: 21505 ANDREWS AVENUE  
FORT LAUDERDALE, Florida, 33316  
(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.*

Bruce E. Bowers  
(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 business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: GERALD D. STEPHENS

Address: 9025 N. LINDBERGH DRIVE; PEORIA, IL 61615-1431

Vice Chairman: JONATHAN E. MICHAEL

Address: 9025 N. LINDBERGH DRIVE; PEORIA, IL 61615-1431

Director: MICHAEL J. STONE

Address: 9025 N. LINDBERGH DRIVE; PEORIA, IL 61615-1431

Director: KIM J. HENSEY

Address: 9025 N. LINDBERGH DRIVE; PEORIA, IL 61615-1431

SEE ATTACHED ADDITIONAL DIRECTOR LIST.

**B. OFFICERS**

President: ROY CONLIN DIE

Address: 8 GREENWAY PLAZA, SUITE 400; HOUSTON, TEXAS 77046

Vice President: JOSEPH E. DONDANVILLE

Address: 9025 N. LINDBERGH DRIVE; PEORIA, IL 61615-1431

Secretary: KIM J. HENSEY

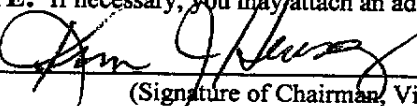
Address: 9025 N. LINDBERGH DRIVE; PEORIA, IL 61615-1431

Treasurer: MICHAEL A. PRICE

Address: 9025 N. LINDBERGH DRIVE; PEORIA, ILLINOIS 61615-1431

SEE ATTACHED ADDITIONAL OFFICER LIST.

**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. KIM J. HENSEY, VP/CORPORATE SECRETARY

(Typed or printed name and capacity of person signing application)

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DIVISION OF CORPORATIONS  
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UNDERWRITERS INDEMNITY COMPANY

ADDITIONAL DIRECTORS:  
(NOT LISTED ON SUPPLIED FORM)

Michael A. Price  
9025 N. LINDBERGH DRIVE  
PEORIA, IL 61615-1431

Thomas V. Warthen  
9025 N. LINDBERGH DRIVE  
PEORIA, IL 61615-1431

Joseph E. Dondanville  
9025 N. LINDBERGH DRIVE  
PEORIA, IL 61615-1431

ADDITIONAL OFFICERS:  
(NOT LISTED ON SUPPLIED FORM)

VP, General Counsel:

Mary Beth Nebel  
9025 N. LINDBERGH DRIVE  
PEORIA, IL 61615-1431

VP, Actuarial Services:

Thomas V. Warthen  
9025 N. LINDBERGH DRIVE  
PEORIA, IL 61615-1431

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Item #1



## 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 Company Licensing and Registration Division of the Texas Department of Insurance.

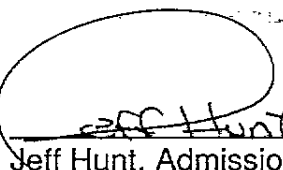
Therefore, I hereby certify that the attached documents are true and correct copies of the documents described below. I further certify that the documents described below are filed with or maintained by or within the custodial authority of the Company Licensing and Registration Division of the Texas Department of Insurance.

Current Certificate of Authority for 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 22<sup>nd</sup> day of September, 1999.

JOSE MONTEMAYOR  
COMMISSIONER OF INSURANCE

BY:

  
Jeff Hunt, Admissions Officer  
Company Licensing and Registration  
Division  
Order No. 96-1276

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STATE OF TEXAS  
STATE BOARD OF INSURANCE



Certificate N<sup>o</sup> 7632

Company No. 07-06082

CERTIFICATE OF AUTHORITY

THIS IS TO CERTIFY THAT

UNDERWRITERS INDEMNITY COMPANY

HOUSTON, TEXAS

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

COMMISSIONER OF INSURANCE

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