



State of Rhode Island
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2020 NOV - 4 P 1:16
STAMP

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is: <p style="text-align: center;">Centurion Casualty Company</p>		
2. It is incorporated under the laws of: <p style="text-align: center;">NE</p>		
3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: <p style="text-align: center;">6/9/2020</p>		
And the period of its duration is: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: <p>2717 N. 118th Street, North Park Office Park, Omaha, Nebraska 68164</p>		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name <p style="margin-left: 20px;">C T Corporation System</p>		
Street Address (<u>NOT</u> a P.O. Box) <p style="margin-left: 20px;">450 Veterans Memorial Parkway, Suite 7A</p>		
City/Town <p style="margin-left: 20px;">East Providence</p>	State <p style="text-align: center;">RHODE ISLAND</p>	Zip Code <p style="margin-left: 20px;">02914</p>

R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2020 NOV - 4 P 1:07

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 FORM 150 - Revised Jan 2020

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
 property and casualty company

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated).

NAME	ADDRESS
Please see attached	

Check the box to indicate an attachment

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	Please see attached	
VICE PRESIDENT		
TREASURER		
SECRETARY		

Check the box to indicate an attachment

9. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
300,000	Common		\$10

10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 %

11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0 %

Officer and Director Attachment

Name	Title	Title Role
Troy Alan McQuagge	Chief Executive Officer	2563 SW Grapevine Pkwy, Grapevine, TX 76051
Troy Alan McQuagge	President	2563 SW Grapevine Pkwy, Grapevine, TX 76051
James Francis Bedard	Chief Financial Officer	185 Asylum Street, City Place I, Hartford, CT 06103
Peter Marshall Gill	Treasurer	9900 Bren Road East, Minnetonka, MN 55343
Gavin Guy Galimi	Secretary	6701 Center Drive West, Ste 790, Los Angeles, CA 90045
Michael Charles Brody	Assistant Secretary	680 Blair Mill Road, Horsham, PA 19044
Heather Anastasia Lang	Assistant Secretary	9900 Bren Road East, Minnetonka, MN 55343
James Francis Bedard	Vice President	185 Asylum Street, City Place I, Hartford, CT 06103
Nyle Brent Cottingham	Vice President	9800 Health Care Lane, Minnetonka, MN 55343
James Francis Bedard	Director	185 Asylum Street, City Place I, Hartford, CT 06103
Patrick Francis Carr	Director	7440 Woodland Drive, Indianapolis, IN 46278
James Mark Gabriel	Director	3100 AMS Boulevard, Green Bay, WI 54307
Troy Alan McQuagge	Director	2563 SW Grapevine Pkwy, Grapevine, TX 76051
Matthew Walker Milam	Director	2717 N. 118 th Street, Ste. 300, Omaha, NE 68164
Thomas Patrick Wiffler	Director	200 East Randolph Street, Ste 5300, Chicago, IL 60601

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Centurion Casualty Company ("Company"), a Nebraska Insurance Company incorporated under the laws of the Department of Insurance in the state of Nebraska, does hereby appoint Todd Svoboda, Sharlin Aldao-Carillo, Joe Davis, Michele Miller or Jeanne Nelson, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the Company to act for the Company and in the Company's name for the limited purposes authorized herein.

The Company and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to withdraw, dissolve, convert the subsidiary and qualify/register the converted Company in any state, as directed and authorized by the Company.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Todd Svoboda, Sharlin Aldao-Carillo, Joe Davis, Michele Miller or Jeanne Nelson shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned.

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on the 19 day of October, 2020.

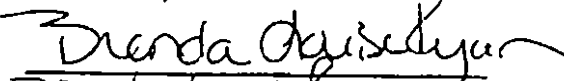
Centurion Casualty Company
A Nebraska Insurance Company

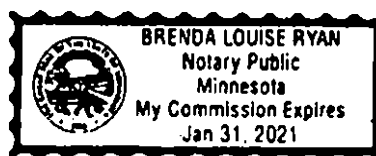
By: 
Name: Heather A. Lang
Title: Assistant Secretary

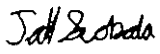
State of Minnesota
County of Hennepin

On October 19, 2020, before me, the undersigned, a Notary Public in and for said State, personally appeared Heather A. Lang, Assistant Secretary, personally known to me to be the person whose name is subscribed to the within instrument and acknowledged to me she executed the same in her authorized capacity, and that by her signatures on the instrument the entity on behalf of which the persons acted, executed this instrument.

Witness my hand and official seal.


Brenda Louise Ryan Notary Public
(print name)



12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of this filing.	
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
<i>Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of Authorized Officer	Date
Todd Svoboda	10/30/2020
Signature of Authorized Officer of the Corporation	
	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the
State of Nebraska, do hereby certify that

CENTURION CASUALTY COMPANY

**incorporated on June 9, 2020 and is duly incorporated under the law of
Nebraska;**

**that no occupation taxes due from and assessable against the Corporation are
unpaid and have become delinquent;**

**that no annual or biennial report required to be forwarded by the
Corporation to the Secretary of State has become delinquent;**

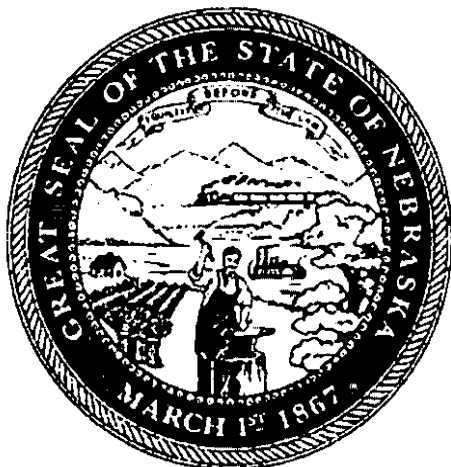
that Articles of Dissolution have not been filed.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

October 29, 2020



A handwritten signature in black ink, reading "Robert B. Evnen". The signature is written in a cursive style with a large initial "R".

Secretary of State



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

November 04, 2020 01:07 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

