



# United States District Court

## Southern District of Florida

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### Notice of Orders or Judgments

Date: 07/30/03

To: Susan Dawson (aty)  
200 E Gaines Street  
Larson Building  
Tallahassee, FL 32399

Re: Case Number: 0:03-cv-61332

Document Number: 6

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Number of pages including cover sheet:

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

CASE NO. 03-61332-CIV-MARRA

NATIVE ASSURANCE COMPANY, INC.,  
CHRIS OSCEOLA and ANTHONY P. BARATTA,

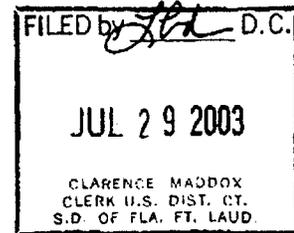
Magistrate Judge Seltzer

Plaintiffs,

vs.

FLORIDA DEPARTMENT OF FINANCIAL SERVICES,  
FLORIDA OFFICE OF INSURANCE REGULATION, and  
KEVIN M. McCARTY, DIRECTOR,

Defendants.



**ORDER DISMISSING COMPLAINT WITH LEAVE TO AMEND**

THIS CAUSE is before the Court upon Plaintiffs' Emergency Motion for Temporary Restraining Order and Injunctive Relief [DE 2], Defendants' Motion to Dismiss Complaint [DE 3], and Plaintiff's Motion to Dismiss Defendants' Motion to Dismiss [DE 5], which the Court treats as a response to Defendants' Motion to Dismiss and a reply in support of Plaintiffs' Motion for Temporary Restraining Order. The Court has carefully considered the motions and is otherwise fully advised in the premises.

Plaintiffs, an insurance company and two individuals, filed this pro se complaint against the Florida Department of Insurance Regulation ("Department") and its director. Plaintiffs state that the Department issued a Final Cease and Desist Order prohibiting Plaintiffs from continuing their existing business of selling insurance to Native Americans from a location on an officially recognized Indian reservation in the Southern District of Florida. Plaintiffs argue that Defendants, as a state agency, have no jurisdiction to regulate a business located on an Indian reservation. Plaintiffs also allege that Defendants have discriminated against them because they

*[Signature]*

are Native American. Plaintiffs seek an injunction that would allow Plaintiffs to continue to operate their business and damages for lost business.

Defendants have moved to dismiss the complaint for several reasons. As to the procedural deficiencies, Defendants argue that Plaintiffs have failed to properly serve Defendants, a government agency and its director, under Rule 4(j) of the Federal Rules of Civil Procedure. Plaintiffs' complaint states that the complaint was served by certified United States mail to the Tallahassee office addressed to Director Kevin McCarty, to the attention of the "Agency Clerk." Rule 4(j) requires "delivery" of a copy of the summons and complaint to the chief executive officer of the governmental organization. According to Rule 4(c)(2), a party cannot serve their own summons and complaint. In this case, according to the Court file, no summons was ever issued.

Second, Defendants argue that an individual non-lawyer Plaintiff cannot represent a corporate co-Plaintiff. Defendants are correct. It is a well-settled principle of law that a corporation cannot appear pro se and must be represented by counsel. See Palazzo v. Gulf Oil Corp., 764 F.2d 1381, 1385-1386 (11<sup>th</sup> Cir. 1985), cert. denied, 474 U.S. 1058 (1986); National Independent Theater Exhibitors, Inc. v. Buena Vista Distribution Company, 748 F.2d 602, 609 (11th Cir. 1985), cert. denied 471 U.S. 1056 (1985).

Next, Defendants argue that this Court has no jurisdiction to hear this case. In their complaint, Plaintiffs allege as the jurisdictional ground Article I, Section 8 of the United States Constitution, which grants to Congress the authority to regulate commerce with Native Americans. However, this constitutional grant of authority to Congress does not automatically create federal question jurisdiction for this Court to hear this case. Rather, Plaintiffs must still

state a cause of action under some federal law or directly under a part of the Constitution that creates individual rights.<sup>1</sup>

In their Complaint, Plaintiffs list eight (8) "Laws" that purport to allow a suit such as this one. None of the listed laws creates a cause of action as described by Plaintiffs. As mentioned above, the Indian Commerce Clause in Article I of the Constitution does not create a private right of action against states seeking to regulate off-reservation business activities of tribal businesses. Title VII of the Civil Rights Act is limited to discrimination in employment relationships. There is no such relationship here, as Defendants are not "employers" of Plaintiffs. The other "laws" pertaining to limitations on federal regulation do not apply to state agencies.

Even if this Court were to construe the present lawsuit as a declaratory judgment action seeking to stop the State of Florida from regulating an insurance business located on an Indian reservation and owned by a Native American, the Declaratory Judgment Act does not provide an independent basis for federal jurisdiction. Provident Life & Acc. Ins. Co. v. Transamerica-Occidental Life Ins. Co., 850 F.2d 1489, 1491 (11<sup>th</sup> Cir. 1988). There is simply no federal law that gives blanket immunity from state regulation to Native Americans to run businesses that operate, at least in part, off the reservation. See Nevada v. Hicks, 533 U.S. 353, 362 (2001) ("When, however, state interests outside the reservation are implicated, States may

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<sup>1</sup> To the extent Plaintiffs are asserting a procedural due process right regarding the manner in which the Defendants' "Immediate Final Order" was issued, the question would be what procedure was due under either the United States Constitution or under Florida law. See Complaint at p. 2. Such a challenge would be unrelated to the jurisdictional challenge to the Order that Plaintiffs then make throughout their Complaint. The Order contains a Notice of Rights that puts forth the appeal rights of Plaintiffs. Whether pursuing such an appeal would waive Plaintiffs' jurisdictional argument is not a question before the Court at this time.

activities even of tribe members on tribal land. . . .”). The Complaint itself states that Native Assurance “is authorized to do business in Florida and throughout the U.S” and that it “operate[s] an information website.” See Complaint at pp. 6-7.<sup>2</sup> The Complaint also concedes that Native Assurance is not authorized to do business by the Seminole Tribe of Florida, but rather has a “Certificate of Authority” executed by Plaintiff Chris Oscola, a member of a sovereign tribe. Whatever the current state of the law regarding tribal immunity from state regulation, there is no authority for a legal challenge by a Native American (let alone from a corporation and a non-Native American) against a state for prohibiting unlicensed off-reservation selling of insurance.

Accordingly, it is **ORDERED AND ADJUDGED** as follows:

1. Plaintiffs’ Emergency Motion for Temporary Restraining Order and Injunctive Relief [DE 2] is hereby **DENIED**;
2. Defendants’ Motion to Dismiss Complaint [DE 3] is hereby **GRANTED**;
3. Plaintiffs’ Motion to Dismiss Defendants’ Motion to Dismiss [DE 5] is hereby **DENIED**;
4. Plaintiffs’ complaint is hereby **DISMISSED, without prejudice**, and Plaintiffs may file an appropriate amended complaint;
5. Failure of Plaintiffs to file an amended complaint by August 15, 2003 will result in the closing of this case. Any such amended complaint must address all issues discussed by

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<sup>2</sup> The Court does not rely on the facts presented in Defendants’ Motion to Dismiss, in particular that Defendants have evidence that Plaintiffs solicited a customer who lives in St. Petersburg, Florida, that Plaintiffs had a website the solicited business off-reservation, and that Plaintiffs used a post office box in Boca Raton, Florida. However, on a motion to dismiss that challenges jurisdiction pursuant to Rule 12(b)(1), the Court may look beyond the pleadings. Menchaca v. Chrysler Credit Corp., 613 F.2d 507, 511 (5th Cir. 1980).

the Court.

**DONE AND ORDERED** in Chambers at Fort Lauderdale, Broward County, Florida,

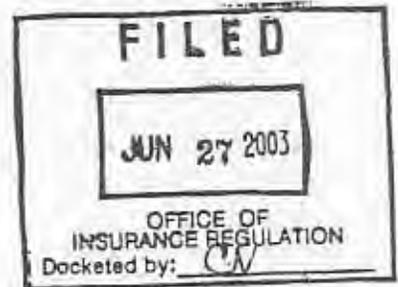
this 29<sup>th</sup> day of July 2003.

  
\_\_\_\_\_  
KENNETH A. MARRA  
United States District Judge

Copies furnished to:

Anthony P. Baratta  
P.O. Box 34  
Boca Raton, FL 33429

Susan Dawson, Esq.  
Dept. of Financial Services  
Office of Insurance Regulation  
200 E. Gaines Street, 6<sup>th</sup> floor  
Tallahassee, FL 32399



OFFICE OF INSURANCE REGULATION

KEVIN M. McCARTY  
DIRECTOR

**IN THE MATTER OF:**

CASE No.: 68046-03-CO

NATIVE ASSURANCE COMPANY, INC.  
ALL RISK UNDERWRITERS, LLC  
ALL RISK HOLDING, LLC  
CHRIS OSCEOLA  
ANTHONY P. BARATTA  
BOB YOUNG  
SAUL FRAYND

**IMMEDIATE FINAL ORDER**

**TO:**

NATIVE ASSURANCE COMPANY,  
INC.  
6333 North 39<sup>th</sup> St.  
Hollywood, Florida 33024

NATIVE ASSURANCE COMPANY,  
INC.  
Post Office Box 34  
Boca Raton, Florida 33429

**CHRIS OSCEOLA, President**  
Native Assurance Company, Inc.  
6333 North 39<sup>th</sup> St.  
Hollywood, Florida 33024

**ANTHONY P. BARATTA, Director**  
Native Assurance Company, Inc.  
6333 North 39<sup>th</sup> St.  
Hollywood, Florida 33024

**BOB YOUNG, Vice-President**  
ALL RISK UNDERWRITERS, LLC  
2500 N.W. 79<sup>th</sup> Ave., Suite 201  
Miami, Florida 33122

**ALL RISK UNDERWRITERS, LLC**  
2500 N.W. 79<sup>th</sup> Ave., Suite 201  
Miami, Florida 33122

**ALL RISK UNDERWRITERS, LLC**  
1835 E. Hallandale Beach Blvd.  
Hallandale Beach, Florida 33009

**SAUL FRAYND**  
ALL RISK UNDERWRITERS, LLC  
1835 E. Hallandale Beach Blvd.  
Hallandale Beach, FL 33009

**ALL RISK HOLDING, LLC**  
2500 N.W. 79<sup>th</sup> Ave., Suite 201  
Miami, Florida 33024

**YOU ARE HEREBY NOTIFIED** that pursuant to the Florida Insurance Code, including Sections 624.307, 624.317, 624.401, 626.901, and 626.909 of the Florida Statutes, the State of Florida, Office of Insurance Regulation (hereinafter referred to as the "OFFICE") of the Financial Services Commission within the Department of Financial Services, has caused an investigation to be made of the insurance-related activities of NATIVE ASSURANCE COMPANY, INC., ALL RISK UNDERWRITERS, LLC, ALL RISK HOLDING, LLC, CHRIS OSCEOLA, ANTHONY P. BARATTA, SAUL FRAYND and BOB YOUNG.

NATIVE ASSURANCE COMPANY, INC., will hereafter be referred to as, "NATIVE ASSURANCE".

References to the "department" in relevant portions of the Florida Insurance Code also refer to the OFFICE, pursuant to Chapter No. 2002-404, Laws of Florida (2003) and Section 20.121, Florida Statutes.

As a result of that investigation, the OFFICE, finds:

1. Section 624.09(1), Florida Statutes states "An "authorized" insurer is one duly authorized by a subsisting certificate of authority issued by the department to transact insurance in this state." Section 624.09(2), Florida Statutes states "An "unauthorized" insurer is one not so authorized."

2. Section 624.10, Florida Statutes, states

“Transact” with respect to insurance includes any of the following, in addition to other applicable provisions of this code:

- (1) Solicitation or inducement.
- (2) Preliminary negotiations.
- (3) Effectuation of a contract of insurance.
- (4) Transaction of matters subsequent to effectuation of a contract of insurance and arising out of it.

3. Section 624.401(1), Florida Statutes, states that “[N]o person shall act as an insurer, and no insurer or its agents, attorneys, subscribers, or representatives shall directly or indirectly transact insurance, in this state except as authorized by a subsisting certificate of authority issued to the insurer by the department...” Section 624.401(2), Florida Statutes, states that “[N]o insurer shall from offices or by personnel or facilities located in this state solicit insurance applications or otherwise transact insurance in another state or country unless it holds a subsisting certificate of authority issued to it by the department...”

4. Section 626.88, Florida Statutes states,

...[A]n “administrator” is any person who directly or indirectly solicits or effects coverage of, collects charges or premiums from, or adjusts or settles claims on residents of this state in connection with authorized commercial self-insurance funds or with insured or self-insured programs which provide life or health insurance coverage or coverage of any other expenses described in s. 624.33(1) or any person who, through a health care risk contract as defined in s. 641.234 with an insurer or health maintenance organization, provides billing and collection services to health insurers and health maintenance organizations on behalf of health care providers...

5. Section 626.8805, Florida Statutes, states that it is unlawful for any person to act or hold himself or herself out to be an administrator in this state without a valid certificate of

authority issued by the department. Section 626.901, Florida Statutes, states that it is unlawful for any person to directly or indirectly aid or represent an unauthorized insurer.

6. Section 120.569(2)(n), Florida Statutes, provides that “if an agency head finds that an immediate danger to the public health, safety or welfare requires an immediate final order, it shall recite with particularity the facts underlying such finding in the final order...”

7. NATIVE ASSURANCE is currently unlicensed and unauthorized to transact insurance in Florida or act as an administrator. NATIVE ASSURANCE has never held a license or certificate of authority to transact insurance in Florida or act as an administrator. See attached **Exhibit A**.

8. ALL RISK UNDERWRITERS, LLC and ALL RISK HOLDING, LLC are unlicensed to act as administrators in Florida. ALL RISK UNDERWRITERS, LLC and ALL RISK HOLDING, LLC have never held a license or certificate of authority to act as administrators in Florida. See attached composite **Exhibit B**.

9. Despite the absence of any certificate of authority or any other authorization to transact insurance business in Florida or act as an administrator pursuant to Section 626.8805, Florida Statutes, or as an insurer pursuant to Section 624.401, Florida Statutes, NATIVE ASSURANCE and ALL RISK UNDERWRITERS, LLC have engaged and **currently engage** in the unlicensed, unauthorized, and therefore, illegal business of insurance covering subjects of insurance located or expressly to be performed in this state at the time of issuance. NATIVE ASSURANCE and ALL RISK UNDERWRITERS, LLC are in violation of the Florida Insurance Code including, Sections 624.401, 626.8805 and 626.901, Florida Statutes.

10. NATIVE ASSURANCE is a company with locations or offices in Hollywood, Florida and Boca Raton, Florida. CHRIS OSCEOLA is the President of NATIVE ASSURANCE and ANTHONY P. BARATTA is the Director. See attached **Exhibit C**.

11. NATIVE ASSURANCE COMPANY, INC., ALL RISK UNDERWRITERS, LLC, ALL RISK HOLDING, LLC, CHRIS OSCEOLA, ANTHONY P. BARATTA, SAUL FRAYND and BOB YOUNG have engaged in the business of insurance in Florida without the benefit of legal authority to do so, thereby creating immediate danger, and/or causing or reasonably expecting to cause significant, imminent, and irreparable injury, to the public.

12. Section 624.401(4), Florida Statutes, states that it is a felony of the third degree for any person to act as an insurer, transact insurance, or otherwise engage in insurance activities in this state without a certificate of authority. In accordance with Section 626.902, Florida Statutes, it is also a third degree felony to aid or represent an unauthorized insurer. NATIVE ASSURANCE COMPANY, INC., ALL RISK UNDERWRITERS, LLC, ALL RISK HOLDING, LLC, CHRIS OSCEOLA, ANTHONY P. BARATTA, SAUL FRAYND and BOB YOUNG have aided and represented NATIVE ASSURANCE in violation of Section 626.901, Florida Statutes.

13. ALL RISK UNDERWRITERS, LLC, ALL RISK HOLDING, LLC, CHRIS OSCEOLA, ANTHONY P. BARATTA, SAUL FRAYND and BOB YOUNG are engaging in the business of insurance by soliciting insurance contracts and business in this state on behalf of NATIVE ASSURANCE, an unauthorized insurer, in violation of Section 626.901, Florida Statutes.

14. On or about June 17, 2003, SAUL FRAYND, identifying himself as a representative of ALL RISK UNDERWRITERS, LLC, contacted Harry E. Campbell of St. Petersburg, Florida,

offering to sell to Campbell's employee leasing company, worker's compensation liability insurance. See attached **Exhibit F**.

15. NATIVE ASSURANCE has an interactive website located at <http://www.nativeco.com> identifying itself as an insurance company. NATIVE ASSURANCE, through its interactive website located at <http://www.nativeco.com>, is soliciting insurance business and insurance agents to assist in its activities. NATIVE ASSURANCE advertises its location on its website as 170 NE 2<sup>nd</sup> Street, Suite 34, Boca Raton, Florida, 33429. This address is for a post office box. See attached composite **Exhibit D**.

16. NATIVE ASSURANCE is offering to Florida consumers, insurance products that include workers compensation liability insurance and health insurance. See attached composite **Exhibit D**.

17. Section 626.8805, Florida Statutes, states that it is unlawful for any person to act or hold himself or herself out to be an administrator in this state without a valid certificate of authority issued by the department. ALL RISK UNDERWRITERS, LLC, and ALL RISK HOLDING, LLC, do not have certificates of authority issued by the department, known now as the Office of Insurance Regulation, to act as an administrator in this state.

18. BOB YOUNG, Vice-President of ALL RISK UNDERWRITERS, LLC, stated that he is in the process of negotiating a General Agency Agreement with NATIVE ASSURANCE. ALL RISK UNDERWRITERS, LLC, also has an active website, located at <http://www.allriskgrp.com>. See composite **Exhibit E**.

19. ALL RISK UNDERWRITERS, LLC, located in Miami, Florida, and Hallandale Beach, Florida, advertises on its website that it is licensed in Florida and provides various

insurance services including claims services. ALL RISK UNDERWRITERS, LLC, is not licensed as an administrator to provide such services in Florida.

20. The Director of the Office of Insurance Regulation has reasonable cause to believe that Respondents are conducting the business of insurance in Florida. Respondents are engaged in the business of insurance by soliciting to provide multiple insurance benefits to Florida consumers. This is done through the benefits program Respondents offer to Florida companies and employers, including but not limited to Harry Campbell, of St. Petersburg, Florida. See attached **Exhibit F**.

21. NATIVE ASSURANCE claims to be established in accordance with the "United States Federal Standards with respect to Native Americans" and claims to have a certificate of authority, to transact insurance within the United States of America and abroad, issued by the Seminole Tribe of Florida, and signed by CHRIS OSCEOLA, President of NATIVE ASSURANCE. See attached **Exhibit G**.

22. The Seminole Tribe of Florida has not authorized nor approved the issuance of a Certificate of Authority to Chris Osceola, a member of the Seminole Tribe of Florida, for Native Assurance Company, Inc., a stock based insurer, to transact the business of insurance within the United States and abroad. See attached **Exhibit H**.

23. Neither NATIVE ASSURANCE, nor any of the other entities or persons named in this Immediate Final Order are subject to any exception State or Federal, to the requirements of the Florida Insurance Code, including exceptions outlined in Section 624.402 of the Florida Statutes, nor the Surplus Lines Law, Sections 626.913 – 626.937, Florida Statutes.

24. NATIVE ASSURANCE COMPANY, INC., ALL RISK UNDERWRITERS, LLC, ALL RISK HOLDING, LLC, CHRIS OSCEOLA, ANTHONY P. BARATTA, SAUL FRAYND

and BOB YOUNG, have violated provisions of the Florida Insurance Code, including Sections 626.901 and 624.401, by soliciting the sale of policies or contracts for insurance with NATIVE ASSURANCE.

25. The unlicensed, unauthorized, and therefore illegal, transaction of insurance by NATIVE ASSURANCE COMPANY, INC., ALL RISK UNDERWRITERS, LLC, ALL RISK HOLDING, LLC, CHRIS OSCEOLA, ANTHONY P. BARATTA, SAUL FRAYND and BOB YOUNG, presents an immediate danger to the public health, safety or welfare of Florida residents.

26. Based upon the foregoing, the OFFICE finds that NATIVE ASSURANCE COMPANY, INC., ALL RISK UNDERWRITERS, LLC, ALL RISK HOLDING, LLC, CHRIS OSCEOLA, ANTHONY P. BARATTA, SAUL FRAYND and BOB YOUNG are engaging in the unauthorized and therefore illegal business of insurance in Florida in violation of the Florida Insurance Code including, Sections 624.401, 626.8805, and 626.901, Florida Statutes.

**WHEREFORE**, pursuant to the Florida Insurance Code and other applicable statutes, including, Section 120.569(2)(n), Florida Statutes, the OFFICE finds that the continued transaction of insurance without licensure by NATIVE ASSURANCE COMPANY, INC., ALL RISK UNDERWRITERS, LLC, ALL RISK HOLDING, LLC, CHRIS OSCEOLA, ANTHONY P. BARATTA, SAUL FRAYND and BOB YOUNG, and the continued representation by ALL RISK UNDERWRITERS, LLC, ALL RISK HOLDING, LLC, CHRIS OSCEOLA, ANTHONY P. BARATTA, SAUL FRAYND and BOB YOUNG on behalf of NATIVE ASSURANCE COMPANY, INC., an unauthorized insurer, are violations of the Florida Insurance Code, and as such constitute an immediate danger to the public welfare so as to require the issuance of this Immediate Final Order.

**Accordingly, IT IS HEREBY ORDERED:**

A) NATIVE ASSURANCE COMPANY, INC., ALL RISK UNDERWRITERS, LLC, ALL RISK HOLDING, LLC, CHRIS OSCEOLA, ANTHONY P. BARATTA, SAUL FRAYND and BOB YOUNG, whether acting in the State of Florida as an insurer, a purchasing group, retention group, an insurance agent, an insurance agency, an insurance adjuster, a third-party administrator, a managing general agent, or otherwise engaging in the business of insurance, either directly or indirectly through named and unnamed persons, entities, agents, or otherwise, shall forthwith **CEASE AND DESIST** from the transaction of any new or renewal insurance business, including acting or holding itself out to be an insurer. Respondents, NATIVE ASSURANCE COMPANY, INC., ALL RISK UNDERWRITERS, LLC, ALL RISK HOLDING, LLC, CHRIS OSCEOLA, ANTHONY P. BARATTA, SAUL FRAYND and BOB YOUNG shall **CEASE AND DESIST** from transaction of any new, current or renewal insurance business of the NATIVE ASSURANCE COMPANY, INC. plan or product, including the collection of any and all premiums.

B). NATIVE ASSURANCE COMPANY, INC., ALL RISK UNDERWRITERS, LLC, ALL RISK HOLDING, LLC, CHRIS OSCEOLA, ANTHONY P. BARATTA, SAUL FRAYND and BOB YOUNG shall forthwith notify, in writing, each and every policyholder agent, broker, salesperson, and other marketing outlet of the cessation of the Florida business of NATIVE ASSURANCE COMPANY, INC., because they are unlicensed, and shall also inform such persons and entities that no further applications will be accepted nor contracts issued. The above-named entities and individuals shall further direct each and every licensed Florida agent that was utilized, to forthwith seek out replacement coverage for those consumers affected, with

substantially comparable coverage provided by a Florida authorized insurer or eligible surplus lines carrier.

All parties subject to this Order shall furnish for approval or edit a draft of such notification to the OFFICE within five (5) days of this Immediate Final Order. They shall thereafter, within five (5) days of receipt by mail or by fax of the OFFICE's approval or edits, mail such letter (in revised form if edited by the OFFICE) to all such agents, brokers, salespersons, and other marketing outlets, and shall immediately thereafter file the sworn attestations of each officer, director, general partner, member, and limited partner of NATIVE ASSURANCE COMPANY, INC., that there has been full compliance with this provision.

C) NATIVE ASSURANCE COMPANY, INC., ALL RISK UNDERWRITERS, LLC, ALL RISK HOLDING, LLC, CHRIS OSCEOLA, ANTHONY P. BARATTA, SAUL FRAYND and BOB YOUNG shall, within fifteen (15) calendar days from the date hereof, deliver to the OFFICE a full and complete accounting of all premiums billed, unpaid claims and paid claims, since the inception of its operation in Florida; copies of all relevant contracts and documents relating to insurance coverage provided under the NATIVE ASSURANCE COMPANY, INC., program; and a list of all persons or entities used to solicit the business in Florida and a list of all Florida insureds.

D). Subject to the other mandates of this Immediate Final Order, NATIVE ASSURANCE COMPANY, INC., shall continue to be responsible for the defense and payment of claims, and otherwise for the timely fulfillment of its contractual obligations to each person or entity insured until all Florida claims have been paid or until further action or order of the OFFICE to the contrary. For the protection of the public, and to preserve books, records and assets of, NATIVE ASSURANCE COMPANY, INC., ALL RISK UNDERWRITERS, LLC,

ALL RISK HOLDING, LLC, CHRIS OSCEOLA, ANTHONY P. BARATTA, SAUL FRAYND and BOB YOUNG shall NOT take or permit any action that might waste, conceal or otherwise dispose of the assets, property, books, records, and accounts of NATIVE ASSURANCE COMPANY, INC.

E). The entry of this Immediate Final Order, or any amendment thereto, shall not be interpreted as having, nor shall it have, the effect of abrogating any statutory, common law, or contractual rights of any person or entity insured by or who or which may be a third-party beneficiary of, coverage under any policy, contract, or certificate of coverage, nor of any person or entity that has relied upon the existence of a policy, contract, or certificate of coverage with NATIVE ASSURANCE COMPANY, INC., in granting or allowing any right, privilege, or chose in action.

F). The issuance of this Immediate Final Order and the procedural safeguards set forth herein are concluded to be fair under the circumstances due to the potential grave harm resulting from unauthorized insurance entities engaging in the business of insurance in Florida. As indicated in the Notice of Rights herein, NATIVE ASSURANCE COMPANY, INC., ALL RISK UNDERWRITERS, LLC, ALL RISK HOLDING, LLC, CHRIS OSCEOLA, ANTHONY P. BARATTA, SAUL FRAYND and BOB YOUNG are afforded the opportunity to appeal this Order or to enjoin this Order pursuant to Section 120.569 (2)(n), Florida Statutes.

DONE AND ORDERED this 27<sup>th</sup> day of JUNE, 2003.



  
\_\_\_\_\_  
KEVIN M. MCCARTY  
Director of the Office of Insurance Regulation

### **NOTICE OF RIGHTS**

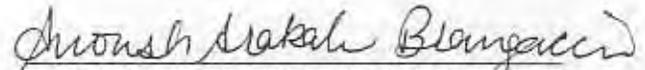
Any party to these proceedings adversely affected by this Order is entitled to seek review of this Order pursuant to Section 120.68, Florida Statutes, and Rule 9.110, Fla.R.App.P. Review proceedings must be instituted by filing a petition or notice of appeal with the General Counsel of the Office of Insurance Regulation, acting as the Agency Clerk, at 612 Larson Building, Tallahassee, Florida 32399-4206, and a copy of the same with the appropriate district court of appeal, within thirty (30) days of rendition of this Order.

All correspondence or requests for hearing should contain the case number and/or style of the case as listed on page one of this order.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing **Immediate Final Order** has been sent by Certified Mail this 27<sup>th</sup> day of JUNE, 2003 to, and shall forthwith be served upon the following at the addresses listed on pages 1 and 2 of this Order:

NATIVE ASSURANCE COMPANY, INC. (at all addresses listed)  
ALL RISK UNDERWRITERS, LLC (at all addresses listed)  
ALL RISK HOLDING, LLC  
CHRIS OSCEOLA  
ANTHONY P. BARATTA  
BOB YOUNG  
SAUL FRAYND



ANOUSH ARAKALIAN BRANGACCIO

FBN: 0005126

SUSAN DAWSON

FBN: 0076848

Office of Insurance Regulation

Division of Legal Services

200 East Gaines Street, 6<sup>th</sup> Floor

Tallahassee, Florida 32399

Telephone: 850/ 413-4116

Facsimile: 850/922-2543

# State of Florida



## OFFICE OF INSURANCE REGULATION Tallahassee, Florida

I, the undersigned, Director of the Office of Insurance Regulation of the State of Florida, do hereby certify that

Dated this 27th Day of May, 2003

After conducting a diligent search of the official records of the FLORIDA OFFICE OF INSURANCE REGULATION, no record exists which discloses that the following company or individual currently holds, or has ever held, a CERTIFICATE OF AUTHORITY from the Office authorizing the company or individual to transact insurance as an insurer in any capacity, including that of a Third Party Administrator:

**Native Assurance Company, Inc.**



IN TESTIMONY WHEREOF, I hereto subscribe my name, and affix the Seal of my Office, at Tallahassee, the day and year first above written.

A handwritten signature in black ink, appearing to read "K. M. [unclear]".

Director, Office of Insurance Regulation

# State of Florida



## OFFICE OF INSURANCE REGULATION Tallahassee, Florida

I, the undersigned, Director of the Office of Insurance Regulation of the State of Florida, do hereby certify that

Dated this 27th Day of May, 2003

After conducting a diligent search of the official records of the FLORIDA OFFICE OF INSURANCE REGULATION, no record exists which discloses that the following company or individual currently holds, or has ever held, a CERTIFICATE OF AUTHORITY from the Office authorizing the company or individual to transact insurance as an insurer in any capacity, including that of a Third Party Administrator:

All Risk Underwriters, LLC



IN TESTIMONY WHEREOF, I hereto subscribe my name, and affix the Seal of my Office, at Tallahassee, the day and year first above written.

A handwritten signature in black ink, appearing to read "K. M. [unclear]".

Director, Office of Insurance Regulation

# State of Florida



## OFFICE OF INSURANCE REGULATION Tallahassee, Florida

I, the undersigned, Director of the Office of Insurance Regulation of the State of Florida, do hereby certify that

Dated this 29th Day of May, 2003

After conducting a diligent search of the official records of the FLORIDA OFFICE OF INSURANCE REGULATION, no record exists which discloses that the following company or individual currently holds, or has ever held, a CERTIFICATE OF AUTHORITY from the Office authorizing the company or individual to transact insurance as an insurer in any capacity, including that of a Third Party Administrator:

All Risk Holding, LLC

IN TESTIMONY WHEREOF, I hereto subscribe my name, and affix the Seal of my Office, at Tallahassee, the day and year first above written.

A handwritten signature in black ink, appearing to read "K. M. [unclear]".

Director, Office of Insurance Regulation





## Locations

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- [EB-Center](#)



United Tribal Alliance

## Native Assurance Company

170 NE 2nd Street  
Suite: 34  
Boca Raton, FL. 33429  
(561) 892-7888

### Principal Mailing Address

Post Office Box 34  
Boca Raton, FL 33429-34 US



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United Tribal Alliance

# WELCOME TO NAC

Native Assurance Company Inc. (NAC) is an insurance company established with a view toward providing insurance services and a technology platform that supports the insurance industry. The Company is industry compliant in all sectors which renders it resistant to the problems that are plaguing existing insurance companies due to a history of lax underwriting standards of recent pasts.





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United Tribal Alliance

## Products

### Insurance Services

As a specialty insurance market provider, NAC specializes in developing insurance products for the commercial insurance marketplace that answer virtually every insurance need including Property and Liability, Ocean/Marine Cargo Transportation, Workers' Comp, Surety and Life, and Health.





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United Tribal Alliance

## Become An Agent

Strategy

Company History

NAC offers benefits that are unsurpassed in the insurance industry, including:

Business Overview

- Access to all of the NAC companies and products at top commission levels

News Updates

- Funds in the form of loans for producers to: " Upgrade software and hardware  
Train and educate personnel" Advertise" Acquire new books of business

Location

NAIC Code

Direct interface via phone or Internet to producer's client records

- Direct ability to quote, bind, print applications and finance agreements
- Direct ability to upload data to the NAC Companies
- Inclusion of the producer's phone number in all company paid advertising
- Profit sharing agreement with NAC

In return, NAC has certain expectations of its affiliate producers. Those expectations include requiring the producer to offer NAC the right of first refusal on all insurance products sold by the NAC companies. A risk may be placed with other insurance companies only if the risk is unacceptable by the NAC companies or the premium quoted by NAC exceeds 125% of the next competing quote.



Contact us for more information on becoming a producer:

Agency Name

Contact Name

Phone Number

City

State



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United Tribal Alliance

### Agency Search

Strategy  
 Company History  
 For Information Please Contact:  
 Business Overview  
 All-Risk Underwriters  
 News Updates  
 Location  
 Company Name:  
 NAIC Code  
 Contact Name:

Phone Number:

City:

State:

E-mail:

Comments:


Submit



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United Tribal Alliance

## Company History

Native Assurance Company Inc. (NAC) is an insurance company established with a providing insurance services and a technology platform that supports the insurance. The Company is industry compliant in all sectors which renders it resistant to the problems plaguing existing insurance companies due to a history of lax underwriting standards in recent years.

NAC is a new financial services company with a seasoned management team. The Company is not burdened by the problems that are plaguing existing insurance companies, which include lax past underwriting standards as various companies which chased premium dollars to invest in the equities market as it was booming. Now these existing insurance companies have huge losses in the business that they underwrote and losses in their investment portfolios because of the bear market, which is where these losses are usually offset. This has led to a huge increase in premium rates as insurance companies try to make up for these losses. NAC is able to take advantage of this cycle of increasing premium rates, while not burdened with the mistakes of the past.



NAC has entered into outsourcing agreements with third party companies for claims administration, underwriting and technical support. Thus, NAC does not have to build infrastructure or incur the staffing costs usually associated with the formation of a new insurance company. Furthermore, by limiting fees paid to these companies to a set amount of premiums, as opposed to a monthly fee or per transaction cost, NAC will be able to adjust its costs as the business cycle goes up and down.

Because of the limitation of G&A expenses and staffing costs through outsourcing, NAC can accurately predict its underwriting profits based upon the historic loss ratios for the business that it is acquiring. It expects to make a minimum of 15% net operating profit on each premium dollar underwritten.



NATIVE ASSURANCE COMPANY



## Locations

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United Tribal Alliance

## Native Assurance Company

170 NE 2nd Street  
Suite: 34  
Boca Raton, FL. 33429  
(561) 892-7888

### Principal Mailing Address

Post Office Box 34  
Boca Raton, FL 33429-34 US

Keyword/Search



### Here are the locations in your area:

Select one of the links below to display a map and directions to the location.

[New Search >](#)

1. 0.0 mi W [Downtown Station](#), 561-417-3204, 170 NE 2nd St, Boca Raton, FL 33432
2. 1.7 mi W [Palmetto Park Carrier Annex](#), 561-338-7164, 1275 W Palmetto Park Rd, Boca Raton, FL 33486
3. 1.7 mi W [Palmetto Park Postal Store](#), 561-750-0828, 1279 W Palmetto Park Rd, Boca Raton, FL 33486
4. 2.5 mi SW [Deerfield Beach P O](#), 954-421-0812, 212 E Hillsboro Blvd, Deerfield Beach, FL 33441
5. 2.8 mi NW [Woodlands Station](#), 561-241-6186, 604 Banyan Trl, Boca Raton, FL 33431

### ▶ You can find other addresses using:

#### Business Yellow Pages

Type of Business  [View List](#)

Business Name

City

State  [State List](#)

#### Residential White Pages

First Name

Last Name

City

State  [State List](#)

[Submit >](#)

[Submit >](#)

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## ALL RISK UNDERWRITERS, LLC

May 6<sup>th</sup>, 2003

Via Facsimile/US Mail  
1-850-488-0313

Mr. Ernest Ulrich  
Senior Investigator  
Office of Insurance Regulation  
200 East Gaines St.  
Tallahassee, Florida, 32399-0331

Re: Reply to your correspondence of April 29<sup>th</sup>, 2003- Native Assurance Company

Dear Mr. Ulrich:

I am in receipt of your letter of April 29<sup>th</sup>, 2003 regarding the above. Please be advised that All Risk Underwriters, LLC is currently in the process of negotiating a General Agency Agreement with Native Assurance Company. This agreement has not been finalized or executed. We have aligned our web-site with NAC's in anticipation that this agreement will be finalized in the future.

Attached is a copy of a letter from Mr. Anthony Baratta, Director for NAC that I received. In that Mr. Baratta has provided you with copy of the non-executed General Agency Agreement I have not included such in this correspondence.

All Risk Underwriters LLC. has not appointed any insurance agents to sell NAC's insurance programs at this time.

No premiums have been collected or policies issued on behalf of NAC's insurance programs. With no premiums collected or policies issued there have been no claims for losses submitted or losses paid.

I thank your for your inquiry and hope that this response in conjunction with Mr. Baratta's satisfies any questions or concerns that you may have. If you need further assistance feel free to contact me.

Sincerely,

Bob Young

Vice President

A handwritten signature in black ink, appearing to read 'Bob Young', is written over the typed name.

P.O Box 520098 Miami, Fl 33152 Tel: (305) 262-8000 Fax (305) 262-6090



the  
Provider  
for  
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- [Storm Center](#)
- [Marketplace](#)
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## Products

As independent agents with access to an extensive selection of financially sound, reputable insurance companies, we work objectively to deliver to you the best coverage for your unique requirements, and at an affordable price. Should you incur a loss, we're right there with you every step of the way insuring that you get fair, prompt payment and good service.



### Claim Services

With a staff of professionals, All Risk provides claim services that include property surveys, appraising, claims handling, security reviews and risk management. All Risk also has relationships with several preferred Networks, providing prompt, quality service to their clients as well.

### Appraising

Working directly from the field utilizing our Electronic Appraisal Network, our professionals provide estimates for automobile, property and marine needs seven days a week, 24-hours a day.

### Catastrophe Services

All Risk has a distinct group of insurance professionals specializing in the handling of catastrophic insurance losses in the Continental United States, Central and South America. This group's concentrated expertise arms them with the ability to accommodate your needs on a moment's notice.

### Investigation Services

All Risk provides specific fraud detection and investigation services in the areas of claim handling, and can provide training in fraud detection to adjusters as well where the adjuster feels that the possibility of insurance fraud exists.

### Inspection Services

With the ultimate goal of evaluating, organizing and engineering a safe working environment, All Risk provides a staff of risk management specialists to coordinate with our Underwriting and Claims Divisions as well as clients' office staffs.

### Audit Services

All Risk conducts payroll, financial audits and risk assessment reviews geared specifically to the insurance industry.

### Collection Services

Our trained staff specializes in all collection needs including judgments, subrogation of claims, and other general collection requirements.

**Insurance Services**

As a specialty insurance market provider, All Risk specializes in developing insurance products that answer virtually every insurance need including Business Automobile, Property and Liability, Ocean/Marine Cargo Transportation, Workers' Comp, Surety and Life, and Health.



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### Our Mission Map of Locations

#### Company History

Via our branch office network, All Risk maintains a local presence, giving agents and customers access to a designated representative for special needs. Branch offices also serves as a distribution point for supplies and other company materials.

#### Group Companies

#### News Updates

#### Map of Locations

#### Our Home Office location:

2500 NW 79th Avenue  
Suite 201  
Miami, Fl. 33122



Maps by:



expediamaps.com



DEPARTMENT OF FINANCIAL SERVICES

TOM GALLAGHER  
CHIEF FINANCIAL OFFICER

**POTENTIAL UNAUTHORIZED ENTITY FACT SHEET**

Thank you for contacting the Florida Department of Financial Services about your experience with what may be an unauthorized insurance entity. Your answers to the following questions will assist us in evaluating and investigating the various entities and/or agents involved so appropriate action may be taken. The Department will only contact you if we need additional information or we are able to provide an update about the plan involved. We appreciate your cooperation and assistance.

State your name, address, and daytime phone number (including area code): Harry E. Campbell, 25 2<sup>nd</sup> Street N. Suite 200, St. Petersburg, FL 33701, phone [REDACTED]

E-mail address, if applicable  
[REDACTED]

Policy or Certificate Number \_\_\_\_\_

1. Who purchased the plan - you or your employer?  
solicitation only
  
2. If your employer purchased the plan, state your employer's name, address, and the name of the person responsible for handling insurance for the employees:  
\_\_\_\_\_
  
4. How did you learn of this policy or plan? \_\_\_\_\_
  
5. Name and address of company or other entity that was represented to be your insurer:  
Native Assurance Company (NAR)
  
6. Name and address of the person or company that sold the policy or plan to you or your employer:  
Saul Fraynd, All Risk Underwriters, 1835 E. Hallandale Beach Blvd., Hallandale Beach, FL 33009

7. Date on which the coverage became effective: N/A Solicitation for Workers' Compensation Coverage 06/18/03.

8. Were you told by anyone that you had to join an "association", "union", or other organization in order to enroll in the plan? What were you told and by whom? What did you have to do or to join? What benefits would you get from membership?

NO

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Did you pay dues or a membership fee of any kind? \_\_\_\_\_

If so, how much? \$ \_\_\_\_\_

To whom were the dues or membership fee payable? \_\_\_\_\_

9. Were you told anything about who or what regulates the plan? U.S. Code Title 25

If yes, were you told that Federal "ERISA" law regulates it?

NO

Were you told whether the Florida Department of Financial Services or another state regulates the plan? NO If yes, what state? \_\_\_\_\_

Who told you? \_\_\_\_\_

10. What were you told about whom or what entity would pay your claims?

Native Assurance Company, NAR

---

---

Potential Unlicensed Entity Fact Sheet

11. Please list the names, and if you know, the addresses of all people and entities (other than your employer) with which you have dealt concerning the plan, any "association", "union" or other organization involved:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

12. Please list the names of all persons who were supposed to be covered under the plan and their relationship to you:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

13. State the amount of any unpaid claims under this policy or plan:

\$ 0

14. Please attach documents related to this transaction such as plan booklets, certificates, ID cards, enrollment cards, prescription cards, premium checks, advertising materials, unpaid bills, correspondence, etc.

**(Do not send originals – send only copies – retain your original documents)**

15. My previous health insurance company was:

\_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration date \_\_\_\_\_

Did you cancel or did your company cancel this coverage? \_\_\_\_\_

16. Comments or additional information: It is alleged, that Native Assurance Company is covered under Title 25 of the US Code and therefore is authorized to sell any type of insurance including Workers' Compensation. Before we invest in a policy issued by this entity, we require a copy of the letter of Authorization from the State of Florida's OIR. If this entity is not authorized to issue Workers' Compensation Insurance, please let us know immediately.

NOTICE TO CONSUMER

Under Florida law, your name, address, and the name of the entity and/or agent involved is a public record and must be provided upon request in accordance with Chapter 119, *Florida Statutes*. Any other information supplied by you will not be available to the public. By your signature below, you acknowledge that you understand that your name, address, and the name of the entity and/or agent involved will become a public record.

Harry E. Campbell

\_\_\_\_\_  
Signature of Consumer

Harry E. Campbell

\_\_\_\_\_  
Print Name

06/18/03

\_\_\_\_\_  
Date

**Please return the completed Fact Sheet and attachments to:**

Florida Department of Financial Services  
Division of Consumer Services  
Unauthorized Entity Fact Sheet  
200 E. Gaines Street  
Tallahassee, FL 32399-0321

# CERTIFICATE OF AUTHORITY

## NATIVE ASSURANCE COMPANY, INC.

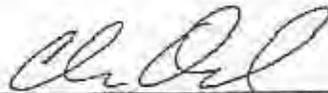
THIS CERTIFICATE OF AUTHORITY IS HEREBY, IN ACCORDANCE WITH THE CONSTITUTION OF THE SEMINOLE TRIBE OF FLORIDA (1957), DULY AUTHORIZED, INCORPORATED AND ORGANIZED ON THIS 3<sup>rd</sup> Day of April, 2003 at The Hollywood Seminole Indian Reservation at 6333 North 39<sup>th</sup> Street, Hollywood, Florida, 33024 as a Stock Based Insurer for a Certificate of Authority to transact the business of insurance within the United States of America and abroad for the following lines of business:

### PROPERTY AND CASUALTY INSURERS LINES OF BUSINESS BY COMPANY CODE

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> 0000 Reinsurance</li> <li><input type="checkbox"/> 0010 Fire</li> <li><input type="checkbox"/> 0020 Allied Lines</li> <li><input type="checkbox"/> 0030 Farm-owners Multi Peril</li> <li><input type="checkbox"/> 0040 Homeowners Multi Peril</li> <li><input type="checkbox"/> 0050 Commercial Multi Peril</li> <li><input type="checkbox"/> 0080 Ocean Marine</li> <li><input type="checkbox"/> 0090 Inland Marine</li> <li><input type="checkbox"/> 0100 Financial Guaranty</li> <li><input type="checkbox"/> 0106 Auto Warranties</li> <li><input type="checkbox"/> 0110 Medical Malpractice</li> <li><input type="checkbox"/> 0120 Earthquake</li> <li><input type="checkbox"/> 0160 Workers' Compensation</li> <li><input type="checkbox"/> 0170 Other Liability</li> <li><input type="checkbox"/> 0173 Prepaid Legal</li> <li><input type="checkbox"/> 0192 Private Passenger Auto Liability</li> <li><input type="checkbox"/> 0194 Commercial Auto Liability</li> <li><input type="checkbox"/> 0211 Private Passenger Auto Physical Damage</li> <li><input type="checkbox"/> 0212 Commercial Auto Physical Damage</li> <li><input type="checkbox"/> 0220 Aircraft</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> 0230 Fidelity</li> <li><input type="checkbox"/> 0240 Surety</li> <li><input type="checkbox"/> 0245 Bail Bonds</li> <li><input type="checkbox"/> 0250 Glass</li> <li><input type="checkbox"/> 0260 Burglary and Theft</li> <li><input type="checkbox"/> 0270 Boiler and Machinery</li> <li><input type="checkbox"/> 0280 Credit</li> <li><input type="checkbox"/> 0285 Title (Title Companies Only)</li> <li><input type="checkbox"/> 0290 Livestock</li> <li><input type="checkbox"/> 0300 Industrial Fire</li> <li><input type="checkbox"/> 0310 Mortgage Guaranty</li> <li><input type="checkbox"/> 0441 Credit Disability</li> <li><input type="checkbox"/> 0450 Accident and Health</li> <li><input type="checkbox"/> 0520 Industrial Extended Coverage</li> <li><input type="checkbox"/> 0540 Mobile Home Multi Peril</li> <li><input type="checkbox"/> 0550 Mobile Home Physical Damage</li> <li><input type="checkbox"/> 0570 Crop Hail</li> <li><input type="checkbox"/> 0607 Home Warranties</li> <li><input type="checkbox"/> 0608 Service Warranties</li> <li><input type="checkbox"/> 0610 Other Warranty</li> <li><input type="checkbox"/> 0620 Miscellaneous Casualty</li> </ul> |
|--|--|

### LIFE, ACCIDENT AND HEALTH INSURERS LINES OF BUSINESS BY COMPANY CODE

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> 0400 Ordinary Life                         <ul style="list-style-type: none"> <li>Endowment</li> <li>Term Life</li> <li>Industrial Life</li> <li>Individual Annuities</li> <li>Universal Life</li> </ul> </li> <li><input type="checkbox"/> 0405 Individual Variable Annuities                         <ul style="list-style-type: none"> <li>Group Variable Annuities</li> </ul> </li> <li><input type="checkbox"/> 0410 Group Life and Annuities</li> <li><input type="checkbox"/> 0420 Variable Life</li> <li><input type="checkbox"/> 0425 Fraternal Life</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> 0430 Fraternal Health</li> <li><input type="checkbox"/> 0440 Credit Life</li> <li><input type="checkbox"/> 0441 Credit Disability</li> <li><input type="checkbox"/> 0450 Accident and Health</li> <li><input type="checkbox"/> R400 Reinsurance - Ordinary Life and Annuity</li> <li><input type="checkbox"/> R405 Reinsurance - Individual/Group Variable Annuities</li> <li><input type="checkbox"/> R410 Reinsurance - Group Life and Annuity</li> <li><input type="checkbox"/> R420 Reinsurance - Variable Life</li> <li><input type="checkbox"/> R440 Reinsurance - Credit Life</li> <li><input type="checkbox"/> R441 Reinsurance - Credit Disability</li> <li><input type="checkbox"/> R450 Reinsurance - Accident and Health</li> </ul> |
|--|---|



Mr. Chris Osceola, Tribal Member

THIS IS A TRUE COPY  
OF THE ORIGINAL

APR 3 2003



04/07/2003 12:27PM

# SEMINOLE TRIBE OF FLORIDA

TELEPHONE  
(954) 966-6300

FAX  
(954) 967-3484

WEBSITE:  
www.seminoletribe.com

6300 STIRLING ROAD  
HOLLYWOOD, FLORIDA 33024



Tribal Officers:

MITCHELL CYPRESS  
Chairman

PRISCILLA D. SAYEN  
Secretary-Treasurer

**PRISCILLA D. SAYEN**  
Secretary-Treasurer

## AFFIDAVIT OF PRISCILLA D. SAYEN

STATE OF FLORIDA            )  
  )ss.  
COUNTY OF BROWARD        )

**BEFORE ME** the undersigned authority, this day personally appeared Priscilla D. Sayen, who, being duly sworn upon her oath and according to law, deposes and says:

1. My name is Priscilla D. Sayen, and I am a member of the Seminole Tribe of Florida.
2. For the last twenty-four years, I have been employed as the Secretary/Treasurer of the Seminole Tribe of Florida. As a part of my official duties, I am responsible for keeping and maintaining the official records of the government of the Seminole Tribe of Florida, including without limitation the Amended Constitution and By-laws of the Seminole Tribe of Florida and all resolutions and ordinances evidencing official action taken by the Tribal Council of the Seminole Tribe of Florida, for itself and each of its subordinate governmental units. I also personally attend all Tribal Council meetings as part of my regular duties.
3. I have performed a search of the official governmental records of the Seminole Tribe of Florida, and have found that there is no resolution, ordinances or other official documents or record evidencing any approval on the part of the Seminole Tribe of Florida, or any of its subordinate

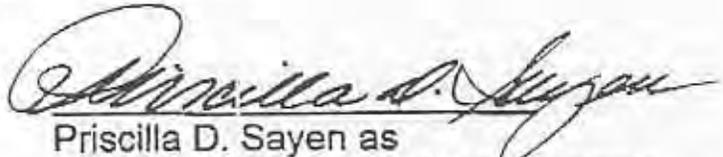


## SEMINOLE TRIBE OF FLORIDA

governmental units, for the issuance of a Certificate of Authority to Chris Osceola, a member of the Seminole Tribe of Florida, for Native Assurance Company, Inc., a stock based insurer, to transact the business of insurance within the United States and abroad.

4. Attached hereto as Exhibit "A" is a copy of said Certificate of Authority allegedly issued to Chris Osceola for Native Assurance Company, Inc., as received by Sgt. Bobby Teal, Seminole Department of Law Enforcement from Lt. Bill Santner, Florida Department of Financial Services, Division of Insurance Fraud.

5. The foregoing statements are based upon my own personal knowledge and are true and correct.  
FURTHER AFFIANT SAYETH NAUGHT.

  
Priscilla D. Sayen as  
Secretary/Treasurer of the Seminole  
Tribe of Florida

PDS/cac



# SEMINOLE TRIBE OF FLORIDA

STATE OF FLORIDA        )  
  )ss  
COUNTY OF BROWARD    )

Sworn to and subscribed before me this <sup>26th</sup> of June, 2003, by  
Priscilla D. Sayen who is personally known to me or ~~who produced~~ \_\_\_\_\_  
   as identification.



Carol Ann Collier  
NOTARY PUBLIC  
STATE OF FLORIDA AT LARGE

\_\_\_\_\_  
Printed Name of Notary

Commission No.: \_\_\_\_\_

# COPY

HW01:60 5002/22/03

Office of the Trustee

(861) 295 - 8840

p-5

## CERTIFICATE OF AUTHORITY NATIVE ASSURANCE COMPANY, INC.

THIS CERTIFICATE OF AUTHORITY IS HEREBY, IN ACCORDANCE WITH THE CONSTITUTION OF THE SEMINOLE TRIBE OF FLORIDA (1957), DULY AUTHORIZED, INCORPORATED AND ORGANIZED ON THIS 3<sup>rd</sup> Day of April, 2003 at The Hollywood Seminole Indian Reservation at 6133 North 39<sup>th</sup> Street, Hollywood, Florida, 33024 as a Stock Based insurer for a Certificate of Authority to transact the business of insurance within the United States of America and abroad for the following lines of business:

### PROPERTY AND CASUALTY INSURERS LINES OF BUSINESS BY COMPANY CODE

- |  |   |
|--|---|
| <input type="checkbox"/> 0000 Reinsurance                            | <input type="checkbox"/> 1230 Fidelity                          |
| <input type="checkbox"/> 0010 Fire                                   | <input type="checkbox"/> 1240 Surety                            |
| <input type="checkbox"/> 0020 Allied Lines                           | <input type="checkbox"/> 1245 Bond Bonds                        |
| <input type="checkbox"/> 0030 Farm-owners Multi Peril                | <input type="checkbox"/> 1250 Other                             |
| <input type="checkbox"/> 0040 Home owners Multi Peril                | <input type="checkbox"/> 1260 Burglary and Theft                |
| <input type="checkbox"/> 0050 Commercial Multi Peril                 | <input type="checkbox"/> 1270 Boiler and Machinery              |
| <input type="checkbox"/> 0080 Ocean Marine                           | <input type="checkbox"/> 1280 Credit                            |
| <input type="checkbox"/> 0090 Inland Marine                          | <input type="checkbox"/> 1285 Title (All Companies Only)        |
| <input type="checkbox"/> 0100 Financial Guaranty                     | <input type="checkbox"/> 1290 Livestock                         |
| <input type="checkbox"/> 0106 Auto Warranties                        | <input type="checkbox"/> 1300 Inland Fire                       |
| <input type="checkbox"/> 0110 Medical Malpractice                    | <input type="checkbox"/> 1310 Marine Guaranty                   |
| <input type="checkbox"/> 0120 Earthquake                             | <input type="checkbox"/> 1441 Credit Disability                 |
| <input type="checkbox"/> 0160 Workers Compensation                   | <input type="checkbox"/> 1450 Accident and Health               |
| <input type="checkbox"/> 0170 Other Liability                        | <input type="checkbox"/> 1455 Industrial/Personal Auto Coverage |
| <input type="checkbox"/> 0173 Prepaid Legal                          | <input type="checkbox"/> 1500 Mobile Home Multi Peril           |
| <input type="checkbox"/> 0102 Private Passenger Auto Liability       | <input type="checkbox"/> 1550 Mobile Home Physical Damage       |
| <input type="checkbox"/> 0194 Commercial Auto Liability              | <input type="checkbox"/> 1570 Crop and                          |
| <input type="checkbox"/> 0211 Private Passenger Auto Physical Damage | <input type="checkbox"/> 1607 Home Warranties                   |
| <input type="checkbox"/> 0212 Commercial Auto Physical Damage        | <input type="checkbox"/> 1608 Service Warranties                |
| <input type="checkbox"/> 0220 Aircraft                               | <input type="checkbox"/> 1610 Other Warranties                  |
|  | <input type="checkbox"/> 1620 Miscellaneous Casualty            |

### LIFE, ACCIDENT AND HEALTH INSURERS LINES OF BUSINESS BY COMPANY CODE

- |   |  |
|---|--|
| <input type="checkbox"/> 0400 Ordinary Life                 | <input type="checkbox"/> 0430 Fraternal Health                                   |
| Endowment   | <input type="checkbox"/> 0440 Credit Life  |
| Term Life   | <input type="checkbox"/> 0441 Credit Disability                                  |
| Industrial Life   | <input type="checkbox"/> 0450 Accident and Health                                |
| Individual Annuities  | <input type="checkbox"/> R-000 Reinsurance - Ordinary Life and Annuity           |
| Universal Life  | <input type="checkbox"/> R-005 Reinsurance - Individual/Group Variable Annuities |
| <input type="checkbox"/> 0405 Individual Variable Annuities | <input type="checkbox"/> R-010 Reinsurance - Group Life and Annuity              |
| Group Variable Annuities                                    | <input type="checkbox"/> R-020 Reinsurance - Variable Life                       |
| <input type="checkbox"/> 0410 Group Life and Annuities      | <input type="checkbox"/> R-040 Reinsurance - Credit Life                         |
| <input type="checkbox"/> 0420 Variable Life                 | <input type="checkbox"/> R-041 Reinsurance - Credit Disability                   |
| <input type="checkbox"/> 0425 Fraternal Life                | <input type="checkbox"/> R-050 Reinsurance - Accident and Health                 |

Mr. Chris Osceola, Tribal Member



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Received Jun-10-2003 01:47pm

From-654 883 3341

To-SEMINOLE OF FL

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# EXHIBIT A

