



CHUBB LICENSING SERVICES LLC

15 Mountain View Road, P.O. Box 1615, Warren, New Jersey 07061-1615 • T: 800 824-6717 F: 908 903-4245

September 28, 2006

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: NONRESIDENT AGENT'S LICENSE
STATE OF FLORIDA

Please register United Assurance, Inc. that the organization can transact business in the state of Florida. Enclosed are the following:

1. Cover Letter
2. Application By Foreign Corporation For Authorization to Transact Business in Florida
3. Certificate of Existence
4. Chubb Licensing Services check in the amount of \$78.75

Thank you for your cooperation.

Tonda Pratt
Licensing Associate
Chubb Licensing Services LLC
(908) 903-2486

Encl.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: United Assurance, Inc.
(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:

Tonda Pratt
(Name of Person)

Chubb Licensing Services
(Firm/Company)

15 Mountain View Rd
(Address)

Warren, NJ 07059
(City/State and Zip code)

For further information concerning this matter, please call:

Tonda Pratt at (908) 903-2486
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2006

TONDA PRATT
15 MOUNTAIN VIEW RD
WARREN, NY 07059

SUBJECT: UNITED ASSURANCE, INC.
Ref. Number: W06000042962

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

A certificate of existence or a certificate of good standing, 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) 245-6933.

Dale White
Document Specialist

Letter Number: 206A00058139

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. United Assurance, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey

(State or country under the law of which it is incorporated)

3. 22-2272102

(FEI number, if applicable)

4. 04/12/1979

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. (Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1600 Pollitt Dr Fairlawn, NJ 07410

(Principal office address)

1600 Pollitt Dr Fairlawn, NJ 07410

(Current mailing address)

8. Insurance Agency

(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 NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(City)

(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.

[Handwritten signature] ABS, V.P.
(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.

FILED
07 JAN 16 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

FILED

07 JAN 16 AM 8:47

A. DIRECTORS

Chairman: No Title Assigned

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: No Title Assigned

Address: _____

Director: No Title Assigned

Address: _____

Director: No Title Assigned

Address: _____

B. OFFICERS

President: Thomas V Perna

Address: 1600 Pollitt Dr. Fairlawn, NJ 07410

Vice President: Patrick O Perna

Address: 1600 Pollitt Dr Fairlawn, NJ 07410

Secretary: Vincent T Perna

Address: 1600 Pollitt Dr Fairlawn, NJ 07410

Treasurer: Kenneth J Perna

Address: 1600 Pollitt Dr Fairlawn, NJ 07410

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Thomas V Perna

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

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

FILED

07 JAN 16 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNITED ASSURANCE, INC.

0100085375

With the Previous or Alternate Name

UNITED ASSURANCE, INC. (Previous Name)

UNITED ASSURANCE GROUP, INC. (Previous Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on April 12, 1979.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Kenneth J Perna
16-00 Pollitt Dr
Fair Lawn, NJ 07410

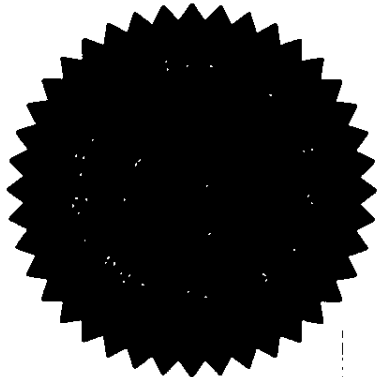
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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

UNITED ASSURANCE, INC.

FILED
07 JAN 16 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
29th day of December, 2006*



Bradley Abelow

*Bradley Abelow
State Treasurer*