# F08000004166

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duringer Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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ANNE-MARIE FAYLE Paralegal

Liberty Mutual Agency Markets 175 Berkeley Street - Mail Stop 06E Boston, MA 02117 Telephone: (617) 654-4515 Fax: (617) 574-5557 Anne-Marie.Fayle@LibertyMutual.com

September 11, 2008

### VIA UPS OVERNIGHT DELIVERY

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

Re: Certificate of Status Application

Montgomery Mutual Insurance Company

To Whom It May Concern:

Enclosed please find an application for a Certificate of Status for Montgomery Mutual Insurance Company along with check # 1335 in the amount of \$87.50 regarding the filing fee, certificate of status, and a certified copy.

Should you have any questions please feel free to contact me at the telephone and/or email noted above.

All the Best,

Anne-Marie Fayle

Paralegal

Encl.

### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Montgomery Mutual Insurance 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:
Anne-Marie Fayle
(Name of Person)
Liberty Mutual Insurance Company
(Firm/Company)
175 Berkeley Street, Mailstop 06E
(Address)
Boston, MA 02109  (City/State and Zin code)
(City/State and Zip code)
For further information concerning this matter, please call:
Anne-Marie Fayle $at (617) 654-4515$
Anne-Marie Fayle  (Name of Person)  at (617 ) 654-4515  (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 \$\bigcup \\$78.75 Filing Fee & \$\bigcup \\$78.75 Filing Fee & \$\bigcup \\$87.50 Filing Fee, Certificate of Status & Certified Copy \$\bigcup \\$Certified Copy

## 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.

•	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting business in Florida)
Maryland	3	3.
	under the law of which it is incorporated)	(FEI number, if applicable)
March 10	, 1848 5	5. Perpetual
,	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
N/A		
		s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)
6230 Old	Dobbin Lane Suite 200 Colu	
	(Principal office ad	
175 Berke	eley Street, Boston MA 0211	16
175 Berke	eley Street, Boston MA 0211 (Current mailing ac	
	(Current mailing ac	
Property a	(Current mailing ac	ddress)
Property a	(Current mailing ac and Casualty Insurance s) of corporation authorized in home state or	country to be carried out in state of Florida)
Property a	(Current mailing act and Casualty Insurance s) of corporation authorized in home state or et address of Florida registered agent: (P.	country to be carried out in state of Florida)  O. Box NOT acceptable)
Property a	(Current mailing ac and Casualty Insurance s) of corporation authorized in home state or	country to be carried out in state of Florida)  2.0. Box NOT acceptable)  Solution 1.0. Box NOT acceptable)
Property (Purpose) Name and stree	(Current mailing act and Casualty Insurance s) of corporation authorized in home state or et address of Florida registered agent: (P.	country to be carried out in state of Florida)  2.0. Box NOT acceptable)  Solution 1.0. Box NOT acceptable)
Property a (Purpose) Name and stree	(Current mailing account of Casualty Insurance s) of corporation authorized in home state or et address of Florida registered agent: (P. Corporation Service Comp.	country to be carried out in state of Florida)  O. Box NOT acceptable)

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors: A. DIRECTORS PLEASE SEE ATTACHED ADDENDUM Chairman: \_\_ Address: \_\_\_\_ Vice Chairman: Address: \_\_\_\_ Address: Director: Address: \_\_\_\_\_ **B. OFFICERS** President: Address: \_\_\_\_ Vice President: Address: \_\_\_\_ Secretary: \_\_\_ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Offices listed in number 12 of the application) 14. Edmund C. Kenealy, Secretary

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

# Montgomery Mutual Insurance Company

Name	Position	Business Address
<u>Officers</u> Gary Richard Gregg Edmund Campion Kenealy James Francis Dore	President, Chairman of the Board, and Chief Executive Officer Secretary Treasurer and Chief Financial Officer	175 Berekely Street, Boston MA 02109 175 Berekely Street, Boston MA 02109 175 Berekely Street, Boston MA 02109
Vice Presidents Anthony Alexander Fontanes Scott Rhodes Goodby Joseph Anthony Gilles	Executive Vice President and Chief Investment Officer Executive Vice President and Chief Investment Officer Executive Vice President	175 Berekely Street, Boston MA 02109 175 Berekely Street, Boston MA 02109 175 Berekely Street, Boston MA 02109
Directors John Derek Doyle James Francis Dore Joseph Anthony Gitles Christopher Charles Mansfield Scott Rhodes Goodby Gary Richard Gregg Laurance Henry Soyer Yahia Anthony Alexander Fontanes Debra Brantley Pooley	Director	175 Berekely Street, Boston MA 02109 9450 Seward Road Fairfield, OH 45014

# STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT MONTGOMERY MUTUAL INSURANCE COMPANY IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE. THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 23, 2008.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097