## 10000006

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



February 5, 2009

BLANCA DULANTO SEAWORTHY INSURANCE COMPANY P. O. BOX 22674 ALEXANDRIA, VA 22304

SUBJECT: SEAWORTHY INSURANCE COMPANY

Ref. Number: W09000005694

We have received your document for SEAWORTHY INSURANCE COMPANY and your check(s) totaling \$87.50. 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 the corrected original and one copy of 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) 245-6995.

Letter Number: 309A00004167

Wanda Cunningham Regulatory Specialist II New Filing Section

Division of Cornerations - P.O. BOX 6327 Tallahasson, Florida 32314

## **COVER LETTER**

	ng Section of Corporations			
SUBJECT: S	EAWORTHY INSUR	ANCE COMPANY		
Sebuci		poration - must include suffix	<b>(</b> )	
Dear Sir or Mada	ım:			
	pplication by Foreign Corporati cistence," and check are submit in Florida.			
Please return all	correspondence concerning this	matter to the following:		
Blanca Dul	anto			
	(N	ame of Person)		
SEAWORT	HY INSURANCE CO	MPANY		
	·	irm/Company)		
P.O Box 22	674			
		(Address)		
Alexandria,			-	
	(City	/State and Zip code)		
For further inforr	nation concerning this matter, p	lease call:		
Blanca Dula	into at (	703 <sub>)</sub> 461-2878 x 3	3588	
(Name o	at \	(Area Code & Daytime Telep		
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		New Filing S Division of C P.O. Box 63:	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a che	ck for the following amount:			
\$70.00 Filing I	Fee \$78.75 Filing Fee & Certificate of Statu	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & 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.

SEAWORTHY INSURANCE COMPANY				
	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	D,"	"COMPANY," "CORPORATION,"	FEB I
				ထ
				P
(If name unavai	lable in Florida, enter alternate corporate na	me a	dopted for the purpose of transacting business i	n Florida)
<sub>2.</sub> Maryland		3.	52-1658500	±
(State or country	under the law of which it is incorporated)	٠, .	(FEI number, if applicable)	
<sub>4.</sub> 11/01/198	39	5.	PERPETUAL	
(Date	e of incorporation)		(Duration: Year corp. will cease to exist or "pe	rpetual")
6. N/A				
			Florida, if prior to registration)	<del> </del>
447 014 0			22, F.S., to determine penalty liability)	
7. 147 Uld S	olomon's Island Rd., Suite		- <del> </del>	
	(Principal office a		ess)	
P.O Box 2	22674, Alexandria, VA 2230	4		
	(Current mailing a	ıddr	ess)	
8 INSURANCE			,	- ;
· <del></del>	s) of corporation authorized in home state or	cor	intry to be carried out in state of Florida)	
9. Name and stre	et address of Florida registered agent: (I	20	Box NOT accentable)	
			<u>1.01</u> 2000plaste)	
Name:	Virginia L. Fletcher		<u></u>	
Office Address:	6255 Lake Gray Blvd., Su	iite	<u>: 4</u>	
	Jacksonville		, Florida 32244	
	(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.

(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.

SECRETARY OF STATE

•12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: William M. Oakerson Address: 880 S. Pickett St. Alexandria, VA 22304 Vice Chairman: \_\_\_\_ Address: Director: Richard Schwartz Address: 880 S. Pickett St. Alexandria, VA 22304 Director: Diana F. Card Address: 880 S. Pickett St. Alexandria, VA 22304 **B. OFFICERS** President: James B. Holler Address: 880 S. Pickett St. Alexandria, VA 22304 Vice President: Carroll C. Robertson Address: 880 S. Pickett St. Alexandria, VA 22304 Secretary: Evelyn A. Matey Address: 880 S. Pickett St. Treasurer: Felix J. Pomponi Address: 880 S. Pickett St., Alexandria, VA 22304

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. JAMES B - Hollen - PRESIDENT

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



09 FEB 18 A

SECRETARY OF STATE
DIVISION OF CORPORATIO

Applicant Name: Seaworthy Insurance Company

NAIC No.: 3/923<u>-</u> FFIN: 52-1658500

## Uniform Certificate of Authority (UCAA) Certificate of Compliance

State of Maryland, Office of Commissioner, I Ralph S. Tyler, hereby certify that I am the Commissioner of the State of Maryland and have supervision of insurance business in said State and as such I hereby certify that Seaworthy Insurance Company of Maryland is duly organized under the laws of said State and is authorized to transact the business of, Marine, Wet Marine & Transportation insurance in this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand at Baltimore, Maryland on this 12<sup>th</sup> day of February, A.D. 2009.

(Insurance Commissioner of Maryland)

Kolm S. Vita

Ralph S. Tyler (Printed Name)