

FILE 0000 01589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500283908755

04/05/16--01022--028 **78.75

APR 06 2016

J SHIVERS

FILED
16 APR -5 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



April 4, 2016

Via Federal Express Tracking #809915464167

Attn: Stacey Mason
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Family Security Insurance Company, Inc.

Dear Ms. Mason:

Please find the enclosed Application by Foreign Corporation for Authorization to Transact Business in Florida for review and processing. Pursuant to your instruction, the Chief Financial Officer of Florida has been named as the Registered Agent pursuant to Florida Statute §48.151(1) and the signature line for acceptance by the Registered Agent has been left blank.

Should you have any questions or need any additional information, please do not hesitate to contact me at (727) 895-7737 ext. 4854 or elamb@upcinsurance.com.

Sincerely,

A handwritten signature in cursive script that reads 'Elena Lamb'.

Elena Lamb

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. Family Security Insurance Company, 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. Hawaii 3. 45-2730143

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/19/2011 5. _____

(Date of incorporation) (Date of duration, if other than perpetual)

6. n/a

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 800 2nd Avenue South, St Petersburg, FL 33701

(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Chief Financial Officer
Office Address: 200 E. Gaines Street
Tallahassee, Florida 32399-0000
(City) (Zip code)

FILED
16 APR -5 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. **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)

10. 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.

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

A. DIRECTORS

Chairman: Gregory C. Branch
Address: 800 2nd Avenue South
St Petersburg, FL 33701

Vice Chairman: _____
Address: _____

Director: John L. Forney Maureen A. Duffy
Address: 800 2nd Avenue South 800 2nd Avenue South
St Petersburg, FL 33701 St Petersburg, FL 33701

Director: Roy T. Yamamoto
Address: 800 2nd Avenue South
St Petersburg, FL 33701

B. OFFICERS

President: John L. Forney, President/CEO
Address: 800 2nd Avenue South
St Petersburg, FL 33701

Vice President: _____
Address: _____

Secretary: Kimberly A. Salmon, Esq., Secretary/Chief Legal Officer
Address: 800 2nd Avenue South, St Petersburg, FL 33701

Treasurer: Bennett B. Martz, Treasurer/Chief Financial Officer
Address: 800 2nd Avenue South, St Petersburg, FL 33701

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 APR - 5 AM 10: 26
FILED

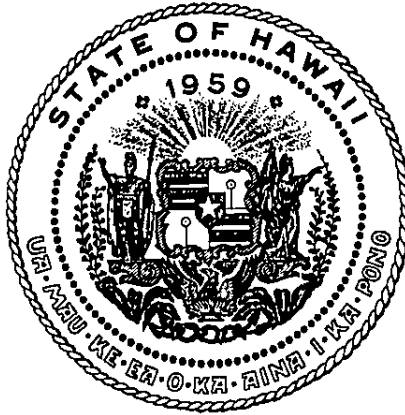
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Kimberly A. Salmon, Secretary/Chief Legal Officer

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



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

FAMILY SECURITY INSURANCE COMPANY, INC.

was incorporated under the laws of Hawaii on 07/19/2011 ; and that it is an existing corporation in good standing, and is duly authorized to transact business.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: March 29, 2016

Director of Commerce and Consumer Affairs



16 APR - 5 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED