TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

COURIER ADDRESS:

Qualification/Tax Lien Sec.

Division of Corporations

Tallahassee, FL 32399

409 E. Gaines St.

Sentinel Insurance Company, Ltd.

900003063319--3 -12/07/93--01076--003 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT: Se	tinel Insurance Company, Ital	•
	(Name of corporation - must include suffix)	
·		
Dear Sir or Madam	- Authorization to Transact Business in	
Florida", "Certific foreign corporation	plication by Foreign Corporation for Authorization to Transact Business in the of Existence", and check are submitted to register the above referenced to transact business in Florida.	
Please return all co	rrespondence concerning this matter to the following:	
	Sarah B. Stilson, Legal Assistant	٠.
	(Name of Person)	-
	The Hartford	
	(Firm/Company)	- ++
	Law Dept., HO-1-09 690 Asylum Avenue	.3
•	(Address)	د. - " د
u	Hartford, CT 06115	
	(City, State and Zip Code)	•
	SA N T	
Should you need	to call someone concerning this matter, please call:	: پ و
	at / 860 \ 547 - 4904 .	्
	O 1- 9 Douging Telephone Number	€
(Name	of Person) Area Code & Dayunte Telephone No.	

MAILING ADDRESS:

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Qualification/Tax Lien Sec 15



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 13, 1999

SARAH B. STILSON, LEGAL ASSISTANT THE HARTFORD - THE LAW DEPT., H0-1-09 690 ASYLUM AVENUE HARTFORD, CT 06115

SUBJECT: SENTINEL INSURANCE COMPANY, LTD.

Ref. Number: W99000028325

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

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 487-6025.

Trevor Brumbley Document Specialist

Letter Number: 199A00058404



## 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:

Sentinel Insurance ( (Name of corporation: must include abbreviations of like import in lang or partnership if not so contained it		ATED", "COMPANY", "CORPOR ate that it is a corporation inste	ATION" or words or ead of a natural person
2. <u>Connecticut</u> (State or country under the law of v			
4. November 30, 1955* (Date of Incorporation)	5. <u>Per</u> (Dura	rpetua1 tion: Year corp. will cease to e	xist or "perpetual")
6. Company is not currentl (Date first transacted business in F	y transacting busin Porida.(See sections 607.15	ness in Florida 01,607.1502, and 817.155, F.S.)	•
7. <u>Hartford Plaza</u>			
Hartford, CT 06115			
(Curre	ent mailing address)		
Property/Casualty I     (Purpose(s) of corporation auth  Name and street addres			STORETARY State of Florida AHASSI
Name:	Insurance Com	missioner	OF S
Office Address:	Capitol		4: 01 STATE FLORID
	Tallahassee	, Florida ,	32399-0300 (Zip Code)
10. Registered agent's accompanies accompanies accompanies at the place description at the place description and agree to all statutes relative to the with and accept the obligation	ceptance: tered agent and to a signated in this appl actin this capacity proper and complete ns of my position as	accept service of process lication, I hereby accept I further agree to comp e performance of my dut registered agent.	for the above stated the appointment as ly with the provisions
	Insurance Con		· · · · · · · · · · · · · · · · · · ·
	(Registered agent's sign	authenticated, not more t	than 90 days prior to

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.

\* Sentinel Insurance Company, Ltd. ("Company") is the surviving corporation of the redomestication of the Company from Hawaii to Connecticut effected on October 14th, 1999 Sentinel Insurance 5 Company, Ltd. was originally incorporated in Hawaii on November 30, 1935.

A. DIRECTORS											
Chairman:	<del></del>										··· ,
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		<del></del>								##	
Vice Chairman:											
Address:											
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Director:											
Address:	···	<del></del>					-				
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(Typed or printed name and capacity of person signing application)
Patrick James Salve, Senior Vice President

### SENTINEL INSURANCE COMPANY, LTD.

# ADDENDUM TO APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA



### A. DIRECTORS

Charles Minor O'Halloran

### **ADDRESS**

Hartford Plaza, Hartford, CT 06115

		·
David Richard Robb		Hartford Plaza, Hartford, CT 06115
Michael Stephen Wilder		Hartford Plaza, Hartford, CT 06115
B. OFFICERS	TITLE	ADDRESS
David Richard Robb	President	Hartford Plaza, Hartford, CT 06115
Michael Stephen Wilder	Senior Vice President and General Counsel	Hartford Plaza, Hartford, CT 06115
John Nicholas Giamalis	Senior Vice President and Controller	Hartford Plaza, Hartford, CT 06115.
James Richard Garrett	Treasurer	Hartford Plaza, Hartford, CT 06115
Charles Minor O'Halloran	Senior Vice President and Corporate Secretary	Hartford Plaza, Hartford, CT 06115
Patrick James Salve	Senior Vice President and Assistant Secretary	Hartford Plaza, Hartford, CT 06115
William Bernard Malchodi	Senior Vice President and Director of Taxes	Hartford Plaza, Hartford, CT 06115
Richard William Palczynski	Chief Actuary	Hartford Plaza, Hartford, CT 06115

### Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that a Certificate of Formation of

SENTINEL INSURANCE COMPANY, LTD.

was filed under the Connecticut General Statutes and is in existence.

Secretary of the State

Date Issued: December 2, 1999

99 DEC 20 PH 4: 01 SECRETARY OF STATE TALLAHASSEE, FLORIDA