

FILE 0000004921

2016-11-01 11:34:39 AM CS

1954-08-045 Form R Renae McGraw

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H160002699413)))



H160002699413ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 203-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Homestead Insurance Company

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

RECEIVED
2016 NOV -1 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

S Warren
NOV 02 2016

FILED
2016 NOV -1 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Homestead 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," or "Certificate of Good Standing" 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:

Thomas J. Hunter Knox

Name of Person

Homestead Insurance Company

Firm/Company

50 South 16th Street, Ste. 2710

Address

Philadelphia, PA 19102

City/State and Zip code

thknox@knoxig.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sophia Kaounas

at (202)

216-4814

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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

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. Homestead Insurance Company
(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. Pennsylvania 3. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/14/1968 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. 50 South 16th Street, Suite 2710, Philadelphia, PA 19102
(Principal office address)

(Current mailing address, if different)

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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.

CT Corporation System

By: Michelle Holden
(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.

2016 NOV - 1 P 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

A. DIRECTORSChairman: Thomas J. KnoxAddress: 50 South 16th Street, Suite 2710, Philadelphia, PA 19102Vice Chairman: Please see the attached addendum.

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERSPresident: Thomas J. KnoxAddress: 50 South 16th Street, Suite 2710, Philadelphia, PA 19102

Vice President: _____

Address: _____

Secretary: Thomas J. Hunter KnoxAddress: 50 South 16th Street, Suite 2710, Philadelphia, PA 19102Treasurer: Thomas J. Hunter KnoxAddress: 50 South 16th Street, Suite 2710, Philadelphia, PA 19102

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. Thomas J. Hunter Knox, Chief Financial Officer

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

FILED
2016 NOV - 1 PM 01
CLERK OF STATE
ALABAMA FLORIDA

Application By Foreign Corporation For Authorization To Transact Business In Florida
Addendum
Directors of Homestead Insurance Company

1. Name: Arthur W. Mullen
Address: 116 Woodside Avenue
Narberth, Pennsylvania 19072
2. Name: Brandon T. Knox
Address: 771 Eaglefarm Road
Villanova, Pennsylvania 19085
3. Name: Charles E. Stauber
Address: 295 Pincroft Place
Blue Bell, Pennsylvania 19422
4. Name: Christopher T. Olivia
Address: 271 Moore Lane
Haddonfield, New Jersey 08033
5. Name: George A. Bochetto
Address: 301 S. 17th Street
Philadelphia, Pennsylvania, 19102
6. Name: George J. Awad
Address: 619 Spruce Street
Philadelphia, Pennsylvania 19106
7. Name: William J. Groen
Address: 118 West Abington Avenue
Philadelphia, Pennsylvania 19118

FILED
2016 NOV - 1 P 2 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

10/18/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

HOMESTEAD INSURANCE COMPANY

is duly registered as a Pennsylvania PA Insurance Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have herunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Pedro A. Contes

Secretary of the Commonwealth

Certification Number: TSC161018100760-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>