

FO0000006175 7.

db

**Central Licensing Bureau, Inc.**

SUITE 550  
PROSPECT BUILDING  
1501 NORTH UNIVERSITY  
LITTLE ROCK, ARKANSAS 72207-5271

(501) 664-8044  
FAX - (501) 664-6182

REVA FLETCHER  
President

GENA BRADSHAW, FLMI  
Senior Vice President

W.H.L. WOODYARD IV  
Vice President

October 25, 2000

700003445927--4  
-10/31/00--01047--013  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Division of Corporations  
Certification Section  
P. O. Box 6327  
Tallahassee, FL 32414

Dear Sir/Madam:

Enclosed please find the necessary documents to qualify **LoanChannel Guarantee, Inc.** to do business in your state. The corporation will be in the business of insurance, functioning as an insurance agency.

I trust this letter and the enclosed documents places them in compliance with your state Statutes. However, if any further action is required, please do not hesitate to contact me.

Thank you for your consideration of this filing.

Sincerely,

*Angie Jones*

Angie Jones  
Initial Licensing Division

aj

Enclosures

FILED  
00 OCT 31 PM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mt  
11/6

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: LoanChannel Guarantee, Inc.

(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:

Angie Jones

(Name of Person)

Central Licensing Bureau

(Firm/Company)

1501 N. University, Suite 550

(Address)

Little Rock, Arkansas 72207-5271

(City/State/Zip)

FILED  
00 OCT 31 PM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Should you need to call someone concerning this matter, please call:

Angie Jones

(Name of Person)

at ( 501 ) 664-8044

(Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien 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. LoanChannel Guarantee, Inc.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware

(State or country under the law of which it is incorporated)

3. 52-2265342

(FEI number, if applicable)

4. August 9, 2000

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. upon Qualification

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 7920 Norfolk Avenue, Suite 1100

Bethesda, Maryland 20814

(Current mailing address)

8. The business of insurance, functioning as an insurance agency.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324

(Zip code)

FILED  
OCT 31 PM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: PLEASE SEE ATTACHED

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: PLEASE SEE ATTACHED

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
00 OCT 31 PM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

13. John D. Fisk  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. John D. Fisk, CEO/President  
(Typed or printed name and capacity of person signing application)

**LoanChannel Guarantee, Inc.**

**List of Officers & Directors**

**Officers**

**John D. Fisk, CEO/President/Treasurer  
7920 Norfolk Avenue, Suite 1100  
Bethesda, Maryland 20814**

**Steven W. Abrahams, Vice President  
7920 Norfolk Avenue, Suite 1100  
Bethesda, Maryland 20814**

**Polly A. Nyquist, Vice President/Secretary  
7920 Norfolk Avenue, Suite 1100  
Bethesda, Maryland 20814**

**Directors**

**C. Thomson Ross, Chairman  
7920 Norfolk Avenue, Suite 1100  
Bethesda, Maryland 20814**

**Tom Skinner, Director  
7920 Norfolk Avenue, Suite 1100  
Bethesda, Maryland 20814**

**John D. Fisk, Director  
7920 Norfolk Avenue, Suite 1100  
Bethesda, Maryland 20814**

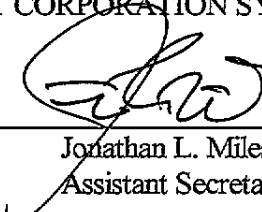
FILED  
00 OCT 31 PM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ACCEPTANCE OF APPOINTMENT

RE: LoanChannel Guarantee, Inc.

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: October 4, 2000

By  \_\_\_\_\_  
Jonathan L. Miles,  
Assistant Secretary

C T CORPORATION SYSTEM  
00 OCT 31 PM 10:06  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*State of Delaware*  
*Office of the Secretary of State*

---

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LOANCHANNEL GUARANTEE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF OCTOBER, A.D. 2000.

FILED  
00 OCT 31 PM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



3272013 8300

001512423

A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

AUTHENTICATION: 0737463

DATE: 10-17-00