

FOG 000000 6745

5

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

100003483771--5
-12/01/00--01093--004
*****87.50 *****87.50

SUBJECT: Acordia of Virginia Insurance Agency, 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:

Karen Johnson
(Name of Person)
Acordia Mid-Atlantic
(Firm/Company)
One Hillcrest Drive East
(Address)
Charleston, WV 25311
(City/State and Zip code)

For further information concerning this matter, please call:

Karen Johnson at (304) 347-0772
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
00 DEC - 1 PM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mtw
12/6

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. Acordia of Virginia Insurance Agency, 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. Virginia 3. 54-1367742
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/20/85 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 115 N. St. Asaph Street Alexandria, VA 22314
(Principal office address)
P. O. Box 25948 Alexandria, VA 22313-5948
(Current mailing address)
8. Insurance Brokerage
(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: CT Corporation System
Office Address: 1200 South Pine Island Rd.
Plantation, Florida 33324
(City) (Zip code)

FILED
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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.

Luann Davis, asst secy CT Corporation
(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SEE ATTACHED LISTING

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

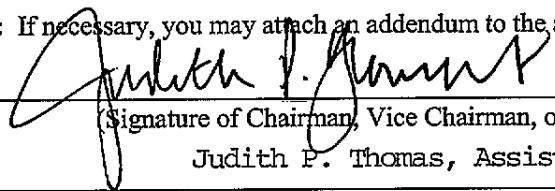
Address: _____

Treasurer: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Judith P. Thomas, Assistant Secretary

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

ACORDIA OF VIRGINIA INSURANCE AGENCY, INC.
(VIRGINIA)

115 N. Asaph Street
Alexandria, VA 22313

Telephone: 703-549-2200
Fax: 703-836-1139
Federal ID: 54-1367742

Directors

Nancy K. Eaton 111 Monument Circle St 3200
 Indianapolis, IN 46204

Kathleen J. Krishnan 111 Monument Circle St 3200
 Indianapolis, IN 46204

Officers

Andrew J. Paterno President & CEO One Hillcrest Drive East
 Charleston, WV 25326

Nancy K. Eaton Secretary 111 Monument Circle St 3200
 Indianapolis, IN 46204

Judith P. Thomas Asst. Secretary One Hillcrest Drive East
 Charleston, WV 25326

Deborah M. Broderick Treasurer & 111 Monument Circle St 3200
 Asst. Secretary Indianapolis, IN 46204

Glenn W. McQuate Vice President 210 First Street SW
 Roanoke, VA 24011

David A. Wysong Vice President 115 N. Asaph Street
 Alexandria, VA 22313

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

ACORDIA OF VIRGINIA INSURANCE AGENCY, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is December 02, 1985.

Nothing more is hereby certified.

FILED
00 DEC - 1 PM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Signed and Sealed at Richmond on this Date:
November 15, 2000*



Joel H. Peck
Joel H. Peck, Clerk of the Commission

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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:

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One Hillcrest Drive East
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BUSINESS IN FLORIDA**

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1. Acordia of Virginia Insurance Agency, 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.)
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7. 115 N. St. Asaph Street Alexandria, VA 22314
(Principal office address)
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(Current mailing address)
8. Insurance Brokerage
(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: CT Corporation System
Office Address: 1200 South Pine Island Rd.
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Luann Davis, asst secy CT Corporation
(Registered agent's signature)

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

A. DIRECTORS

Chairman: SEE ATTACHED LISTING

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President:

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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

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Telephone: 703-549-2200
Fax: 703-836-1139
Federal ID: 54-1367742

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Kathleen J. Krishnan 111 Monument Circle St 3200
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ALLAHASSEE, FLORIDA

Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

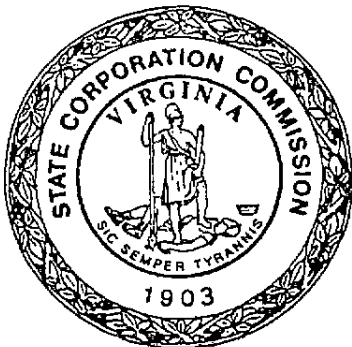
ACORDIA OF VIRGINIA INSURANCE AGENCY, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is December 02, 1985.

Nothing more is hereby certified.

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*Signed and Sealed at Richmond on this Date:
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Joel H. Peck
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