#### TRANSMITTAL LETTER

10.	Division of Cor			uddie ***	-12/01/000 *****87.50	·008801( ******87
SUBJ	ECT:	Acordia of Vi	ginia 1	insurance Agency,		
		(Name of	corporatio	n - must include suffix	)	
Dear S	ir or Madam:					
"Certif		e", and check are sub		Authorization to Trans egister the above refere		
Please	return all corresp	ondence concerning	this matter	to the following:		
<u> </u>	Karen Jo	hnson				
	Acordia	Mid-Atlantic	(Name of	Person)		
			(Firm/Co	npany)		
	One Hill	crest Drive Eas	st .			
	Charlest	on, WV 25311	(Addr	ess)		
		(0	ity/State a	nd Zip code)		
For fur	ther information	concerning this matte	r, please c		SECRETA TALLAHAS	00 DEC
Karen	Johnson	at		) 347-0772	<u> </u>	<u>-                                    </u>
STRE	(Name of Perso	on)	(Area (	Code & Daytime Telepi  MAILING ADDRES	- STATE FLORIDA	
	ration Section on of Corporation	·		Registration Section Division of Corporati	one	mt
409 E.	Gaines St.	.s		P.O. Box 6327		-17CM
Tallaha	assee, FL 32399		-	Tallahassee, FL 323	14	12/1.
Enclos	ed is a check for	the following amount	•			10
<b>□</b> \$70	.00 Filing Fee	□ \$78.75 Filing Fe Certificate of S		\$78.75 Filing Fee & Certified Copy		tatus &

## 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. Acordia of Virginia Insurance Agency, Inc. 1. (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.) (State or country under the law of which it is incorporated) 12/20/85 \_\_\_\_\_ 5. <u>Perpetual</u> (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 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.) 115 N. St. Asaph Street Alexandria, VA 22314 (Principal office address) P. O. Box 25948 Alexandria, VA 22313-5948 (Current mailing address) 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

#### 10. Registered agent's acceptance:

(City)

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.

, Florida 33324 (Zip code)

<u>Luaren Daris</u>, 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:		<del>-</del> : *-
Vice Chairman:		
		<del>-</del>
-		<del>-</del> .
Address:		<del>-</del> :
	SEC ALL	
B. OFFICERS		
	SEE H	
	FS & D	<del></del>
	RIDA	
Address:		<del>-</del> :
<del></del>		<del>-</del> . : :
Address:		<del></del> , ·
<del></del>		<del>-</del> .
Address:		<del>-</del>
NOTE: If necessary, yo	ou may attach an addendum to the application listing additional officers and/or directors.	
13. Signatur	re of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	<u> </u>
	Judith P. Thomas, Assistant Secretary	
14. <u> </u>	(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 & Asst. Secretary

111 Monument Circle St 32

Indianapolis, IN 46204

Glenn W. McQuate

Vice President

matanapons, 114 40204

210 First Street SW Roanoke, VA 24011

David A. Wysong

Vice President

-

115 N. Asaph Street Alexandria, VA 22313 DEC -1 PH 8: 5

# Commonwealth of Hirginian



## 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.

00 DEC -1 PM 8: 53
SECRETARY OF STATE



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

Joel H. Peck, Clerk of the Commission

### 

#### TRANSMITTAL LETTER

TO:	Registration S Division of C		1000034837715 -12/01/0001093004
SUBJ	ECT:	Acordia of Virginia Insurance A	*****87.50 *****87.50 gency, Inc.
		(Name of corporation - must includ	<del>-</del>
Dear S	ir or Madam:		
Cerm	closed "Applicate of Existent sact business in	ation by Foreign Corporation for Authorization to nce", and check are submitted to register the above Florida.	o Transact Business in Florida", we referenced foreign corporation
Please	return all corres	spondence concerning this matter to the followin	g:
	Karen J	Johnson	
	Acordia	(Name of Person)  Mid-Atlantic	-
		(Firm/Company)	
	One Hil	lcrest Drive East	
<del></del>	· · · · · · · · · · · · · · · · · · ·	(Address)	
	Charles	ton, WV 25311	
		(City/State and Zip code)	
		, J	
For furt	her information	n concerning this matter, please call:	00 DE SECRE: ALLAH
Karen	Johnson	at ( 304 ) 347-077	ASS T
	(Name of Pers	on) (Area Code & Daytime	Telephone Number) OF STA
Registra Division 409 E. C	T ADDRESS: ation Section of Corporation Gaines St. ssee, FL 32399	Registration Se  Division of Co  P.O. Box 6327	ection rporations with
		Tallahassee, FI the following amount:	12/6
<b>□ \$70.</b> 0	00 Filing Fee	S78.75 Filing Fee & Certificate of Status S78.75 Filing F	

## 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.	Acor	dia 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.	Virgini	.a 3.	54-1367742			
	(State or coun	atry under the law of which it is incorporated)	(FEI number, if applicable)			
4.			Perpetual			
	(Da	tte of incorporation) (D	Ouration: Year corp. will cease to exist or "perpetual")			
6.		Upon Qualification				
7.	(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.		ance Brokerage	PIL PEC -			
	(Purpose	e(s) of corporation authorized in home state or country	y to be carried out in state of Florida)			
9.	Name and st	reet address of Florida registered agent: (P.C				
	Name:	CT Corporation System	RIDA			
Of	fice Address:	1200 South Pine Island Rd.	<del>-</del>			
		Plantation	, Florida 33324			
		(City)	(Zip code)			

#### 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 Daris, asst signature) CT Corporation

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:				
			. چي درنشي که د نو	r Tan
		AE SE	5	
B. OFFICERS		CELT CELT	₹ ₸	
		ASS 1		
		0 7	<u> </u>	
		<del>- 25 0</del>		
/ice President:		SH S	3	
Address:		· · · · · · · · · · · · · · · · · · ·		· .
		-	<u>, - , , , , , , , , , , , , , , , , ,</u>	2
ecretary:				
Address:	The Control of the Co			٠.
reasurer:		<del>_</del> ·	<u></u>	,
Address:	and the second s	<u>;</u>		. 'u =,
NOTE: If neadleast, you				
	ay attach an addendum to the application listing additional officers and	or director	S.	
3. Signature o	f Chairman, Vice Chairman, or any officer listed in number 12 of the a	pplication		
	dith P. Thomas, Assistant Secretary	- L		
(Tyr	ped 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

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Nancy K. Eaton

111 Monument Circle St 3200

Indianapolis, IN 46204

Kathleen J. Krishnan

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Charleston, WV 25326

Deborah M. Broderick

Treasurer & Asst. Secretary

111 Monument Circle St 326

Indianapolis, IN 46204

Glenn W. McQuate

---

210 First Street SW

Vice President

Roanoke, VA 24011

David A. Wysong

Vice President

115 N. Asaph Street

Alexandria, VA 22313

0EC -1 PM 8:

# Commontoealth & Mirginia



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The date of incorporation is December 02, 1985.

Nothing more is hereby certified.

00 DEC -1 PM 8:53
SECRETARY OF STATE
TAIL AMASSEE, FLORIDA



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

Joel H. Peck, Clerk of the Commission

#### TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations	1000034837715 -12/01/0001093004 *****87.50 ******87.50			
SUВЛ	Acordia of Virginia Insurance A	gency, Inc.			
20	(Name of corporation - must include suffix)				
Dear Si	r or Madam:				
"Certifito to trans	closed "Application by Foreign Corporation for Authorization cate of Existence", and check are submitted to register the aboact business in Florida.	we referenced foreign corporation			
Please	return all correspondence concerning this matter to the following	ng:			
	Karen Johnson				
	(Name of Person) Acordia Mid-Atlantic				
	(Firm/Company)				
	One Hillcrest Drive Fast	·			
	(Address)	<del></del>			
	Charleston, WV 25311				
	(City/State and Zip code)				
For fur	ther information concerning this matter, please call:	P 00 DEC SECRET/ TALLAHA			
Karen	Johnson at ( 304 ) 347-07				
	ET ADDRESS: MAILING A Registration	Section			
409 E.	n of Corporations Division of Corporations Gaines St. P.O. Box 63: ssee, FL 32399 Tallahassee,	27			
Enclos	ed is a check for the following amount:	1276			
<b>570</b>	.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Certificate of Status Certified Co	·			

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A. DIRECTORS			
Chairman:	SEE ATTACHED LISTING		
Address:			
Vice Chairman:			
Address:			
Director:		· · · · · · · · · · · · · · · · · · ·	
		<u> </u>	
Director:			
Address:		· ·	
	· · · · · · · · · · · · · · · · · · ·	SE SE	
B. OFFICERS			
President:		ALIAN COLOR	
Address:		SET OF THE	
		FLGRI	
Address:			
Secretary:	,	<u> </u>	
Address:		<u> </u>	
Treasurer:			
Address:			
NOTE: If necessary, you n	pay at pach an addendum to the application listing additional office	cers and/or directors	
13. Julit	N. Almy V	ools and of diffeelols.	
Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)			
14. <u> </u>	dith P. Thomas, Assistant Secretary		
(Ty	ped or printed name and capacity of person signing application)	)	

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