

F010000002734

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMMONWEALTH INSURANCE COMPANY OF AMERICA
(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: 600004011976--4
-04/16/01--01127--017
*****78.75 *****78.75

DONALD PARRY
(Name of Person)

COMMONWEALTH INSURANCE COMPANY OF AMERICA
(Firm/Company)

PO 34069
(Address)

SEATTLE, WASHINGTON 98124
(City/State and Zip code)

For further information concerning this matter, please call:

DONALD PARRY at (604) 683-5511
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
WL 5/21

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

80



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 18, 2001

COPY

DONALD PARRY
COMMONWEALTH INSURANCE COMPANY OF AMERICA
PO BOX 34069
SEATTLE, WA 98124

SUBJECT: COMMONWEALTH INSURANCE COMPANY OF AMERICA
Ref. Number: W01000008775

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The certificate we require is issued by the Washington Secretary of State, not the Insurance Commissioner, and it does not refer to specific types of insurance.

Your registered agent must be at a Florida street address. If Anne Boutilier is not your registered agent, please remove her name from section 9.

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) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 801A00022911

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TALLAHASSEE FLORIDA

MIKE KREIDLER
STATE INSURANCE COMMISSIONER

STATE OF WASHINGTON



Phone: (360) 407-0542
Fax: (360) 407-0540

OFFICE OF
INSURANCE COMMISSIONER

May 8, 2001

Lee Rivers, Document Specialist
Florida Department of Insurance
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Commonwealth Insurance Company of America

Dear Ms. Rivers:

This is in response to your letter dated April 18, 2001, to Mr. Donald Parry of the above-referenced company.

Regarding the third paragraph of your letter, the Washington Secretary of State has no jurisdiction over insurance companies. The only place a company can obtain a certificate of good standing or compliance is from the Insurance Commissioner.

If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Susan Miller".

SUSAN E. MILLER
Company Supervision Division
360-407-0538
Susanm@oic.wa.gov

cc: Mr. Donald Parry

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TALLAHASSEE FLORIDA



Commonwealth Insurance Company of America

May 15, 2001

Lee Rivers, Document Specialist
Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Dear Ms. Rivers;

Concerning your letter of April 18, 2001 (copy attached), I enclose the following documents in response to your concerns:

1. A letter from Susan Miller of the Company Supervision Division of the Office of Insurance Commissioner, Washington indicating that they have jurisdiction over insurance companies domiciled in the state, and not of the Secretary of State.
2. A current Certificate of Compliance issued by the Washington Commissioner indicating, among other things, that the Office of the Commissioner "is a department of record, having custody of original documents".
3. A certified copy of the company's Articles of Incorporation, the original of which is in the custody of the Office of the Insurance Commissioner.
4. A certified copy of the company's Certificate of Authority, indicating the types of insurance the company is authorized to write.
5. A revised Application by Foreign Corporation for Authorization to Transact Business in Florida, showing the Florida Street address for the company's registered agent in the state.

Thank you very much for your consideration of the enclosed documents in your review of the company's application for authorization to do business in the State of Florida. We look forward to your positive response, and the opportunity of offering our insurance products and services to residents of Florida after obtaining a Certificate of Authority from the Florida Department of Insurance.

Yours truly,

Donald M. Parry
Assistant Vice President, Corporate Secretary

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TALLAHASSEE FLORIDA

**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. COMMONWEALTH INSURANCE COMPANY OF AMERICA
(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. WASHINGTON 3. 91-1673817
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 26, 1994 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. SUITE 3201, 601 UNION ST. SEATTLE, WA 98101
(Principal office address)

PO BOX 34069, SEATTLE, WA, 98124
(Current mailing address)

8. PROPERTY & CASUALTY
(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: _____

Office Address: _____

CT CORPORATION SYSTEM - 1200 SOUTH PINE ISLAND RD.

PLANTATION

(City)

Florida

33324

(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.

see attached C.T. 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.

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TALLAHASSEE FLORIDA

CT CORPORATION SYSTEM

FLORIDA

CONSENT TO SERVE AS REGISTERED AGENT

C T CORPORATION SYSTEM having been designated to act as registered agent
hereby agrees to act in this capacity for the following corporation:

Commonwealth Insurance Company of America

Date: March 29, 2001

C T CORPORATION SYSTEM


Jack C. Caskey
Assistant Vice President

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TALLAHASSEE FLORIDA

520 Pike Street
Seattle, WA 98101
Tel. 206 622 4511
Fax 206 621 8813

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

A. DIRECTORS

Chairman: RONALD GORDON SCHWAB
Address: SUITE 1500, 595 BURRARD STREET, VANCOUVER, BC.
CANADA

Vice Chairman: JOHN CHARLES VARNELL
Address: 95 WELLINGTON STREET WEST, SUITE 800, TORONTO,
ONTARIO

Director: WINSLOW WOOD BENNETT
Address: 505 BURRARD STREET, SUITE 1880, VANCOUVER, B.C. V7X 1M6

Director: CRAIG ALEXANDER HURFORD
Address: Suite 1500, 595 BURRARD STREET
VANCOUVER, B.C., CANADA

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TALLAHASSEE FLORIDA

B. OFFICERS

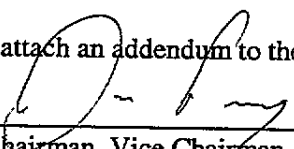
President: RONALD GORDON SCHWAB
Address: Suite 1500, 595 BURRARD STREET, VANCOUVER, B.C.
CANADA

Vice President: CRAIG ALEXANDER HURFORD
Address: please see the above.

Secretary: DONALD MORLEY PARRY
Address: SUITE 1500, 595 BURRARD STREET, VANCOUVER, B.C., CANADA

Treasurer: NOEL EDWARD PHILLIPS
Address: SUITE 1500, 595 BURRARD STREET, VANCOUVER, B.C., CANADA

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. DONALD MORLEY PARRY, ASSISTANT VICE PRESIDENT, CORPORATE SECRETARY
(Typed or printed name and capacity of person signing application)

STATE OF WASHINGTON



OFFICE OF
INSURANCE COMMISSIONER

No. 242

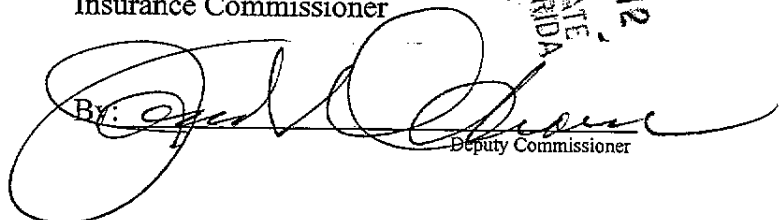
I, MIKE KREIDLER, State Insurance Commissioner, do hereby certify that I am the state official charged with the general control and supervision of all insurance business (except State Workers' Compensation) transacted in the State of Washington and charged with the administration of the laws relating to insurance in said jurisdiction, and that this office is a department of record, having custody of original documents.

*I FURTHER CERTIFY That **COMMONWEALTH INSURANCE COMPANY OF AMERICA**, Seattle, Washington, was duly organized and incorporated under the laws of the State of Washington, and, having complied with the requirements of said laws, has been authorized since November 17, 1995 to issue policies and transact the business of Disability, Property, Marine & Transportation, Vehicle, General Casualty, and Surety Insurance, as defined in RCW 48.11.030, 48.11.040, 48.11.050, 48.11.060, 48.11.070, and 48.11.080 of the Insurance Code of the State of Washington.*



IN WITNESS WHEREOF, I have hereunto set
hand and affixed the official seal of the
Insurance Commissioner of the State of
Washington, this 13th day of February, 2001.

MIKE KREIDLER
Insurance Commissioner

By: 
Deputy Commissioner

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TALLAHASSEE