

_	ration Section on of Corporations			• •	·
	Americana Progr	ram Underwrite	ers Inc		
SUBJECT:			ion - must include suffi	(x)	<u></u>
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Dear Sir or Ma	ıdam:				20105600 .00 *****70
"Certificate of			r Authorization to Tran register the above refe		
Please return a	ll correspondence con	cerning this matte	er to the following:		
Julie Snyd	ler			mmmmmm.	012217
		(Name c	of Person) 10	/22/02-01039	021 **3450
Americana	a Program Underw	riters, Inc.			
		(Firm/C	ompany)	<u>•</u> ····································	- H C
355 North	21st Street	`	2 0/	MOZ-29	8756
		(Add	dress)	<u> </u>	<u></u>
Camp Hill	, PA 17011	(1100	1033)	•	
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		(City/State	and Zip code)		1/1
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	ormation concerning th	his matter, please	call:		2 × SE
For further info					
		at ( 717		4	
For further info	er :	at (	214-2800 x 23		
Julie Snyde	e of Person)	at (	214-2800 x 23 Code & Daytime Tele	phone Number)	
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## FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

October 2, 2002

JULIE SNYDER AMERICANA PROGRAM UNDERWRITERS, INC. 355 NORTH 21ST STREET CAMP HILL, PA 17011

SUBJECT: AMERICANA PROGRAM UNDERWRITERS, INC.

Ref. Number: W02000028456

We have received your document for AMERICANA PROGRAM UNDERWRITERS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the mailing address in section 7.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$3,450.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist SECRETARY OF SIMILOHS
DIVISION OF CORPORATIONS

Division of Corporations - P.O. ROX 6327 Tallahassee, Florida 32314

Letter Number: 602A00055413



# FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

October 22, 2002

JULIE SNYDER AMERICANA PROGRAM UNDERWRITERS, INC. 355 NORTH 21ST STREET CAMP HILL, PA 17011

SUBJECT: AMERICANA PROGRAM UNDERWRITERS, INC.

Ref. Number: W02000028456

We have received your document for AMERICANA PROGRAM UNDERWRITERS, INC. and your check(s) totaling \$3520.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Thank you for submitting your check for \$3,450. When we sent our letter of October 2, 2002 to you, we also returned your application because it was missing the mailing address in section 7. When you submitted your check, you did not return the original application. Please complete and return your original application so that we can complete your filing. A copy of our previous letter is enclosed for your reference.

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) 245-6958.

Lee Rivers Document Specialist nin 60 days or ເວັ ຜູ nt, please call

Letter Number: 102A00058473



### . 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.	Americana	a Program Underwriters, Inc.		and the second s	
	words or abbrev		arly	ED", "COMPANY", "CORPORATION" or vindicate that it is a corporation instead of a present.)	-
2	Pennsylvai	nia	3.	25-1835859	pr
~	(State or country	under the law of which it is incorporated)		(FEI number, if applicable)	<u>.</u>
4.	01/27/99		5.	Perpetual	
	(Dat	e of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	-
6.	01/27/99			å ud ve€	· <del>**</del> •
	(Date first transa			transacted business in Florida, insert "upon qualification."), 607.1502 and 817.155, F.S.)	-
7.	355 North	21st Street, Camp Hill, PA 170	11	13 <u>- عسر الروادي الإسران و المسروع وروادي ال</u>	\&_**
٠٠.		(Principal office	addı	ress)	
	355 Nov	th 21st Street, Camp Hil	١,	PA 17011	ISCO SECO
		(Current mailing	addı	ess)	
8.		Agency Services	<u></u>		28 A A A A A A A A A A A A A A A A A A A
	(Purpose(	s) of corporation authorized in home state o	r co	untry to be carried out in state of Florida)	STA
9.	Name and str	<u>eet address</u> of Florida registered age	ıt:	(P.O. Box or Mail Drop Box NOT acceptable)	
	Name:	CT Corporation System		<u> </u>	
Oi	ffice Address:	1200 South Pine Island Road	·	<u> </u>	
		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.

MARGARET E. ROUTZAHN
Special Assistant Secretary
(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:

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dress: _		<u> </u>	dia see		<u> </u>	
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dress: _			. A <u></u> -	<del>`</del>		<u> </u>
ector: _	Stove DoCarlo					
dress: _	5955 Carnegie Blvd.	=				<u> 47.45.47</u>
	Charlotte, NC 28209					_
- ector: _	Lawrence Bitner		<u> </u>			
dress:	355 North 21st Street					 
	Camp Hill, PA 17011				021	VISI
OFFI	CERS Lawrence Bitner				3	FILE OF CORRE
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_	Camp Hill, PA 17011	to the commence of the commenc	<u> </u>	<u> </u>	, <u>. ,</u>	38
Presid	dent: Scott Purviance	***	en e tati e			<u> </u>
ress: _	5955 Carnegie Blvd.	and the state of t				
	Charlotte, NC 28209		<u></u>	<u> </u>		n
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ress:	5955 Carnegie Blvd., Charlo		571.11.14. <b>4</b> . • =	: n :		
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_	If necessary, you may attach an add		sting additional	officers and/o	or director	S.
	(Signature of Chairman, Vice	e Chairman, or any officer	listed in number	12 of the ap	plication)	
	Lawre	ence Bitner - Presiden	<u>t</u>			

### COMMONWEALTH OF PENNSYLVANIA

#### DEPARTMENT OF STATE

JULY 24, 2002

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

AMERICANA PROGRAM UNDERWRITERS, INC.

ECRETARY OF STATES

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



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

Secretary of the Commonwealth

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