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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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DIVENIFICATIONS
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#### TRANSMITTAL LETTER

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		TRANSM	IITTA	AL LETTER		On Con A
TO:	Donigtustian Con-	·:	Τ	-		The May 1
10:	Registration Sec Division of Corp		· *	- -		OU BONA, ALL CONTROL OF THE SECOND SE
SUBJ	ECT:	endakota Insura	nce Co	ompany		SECOLO S.
		(Name of co	orporatio	on - must include suffix	)	- 703 r.
Dear S	ir or Madam:			-		MONS.
"Certif		', and check are subm		Authorization to Transa register the above refere		
Please	return all correspo	ndence concerning th	is matte <u>r</u>	to the following:		
	Kenda C. Da	vis, Corp. Law,	8MS	<u> </u>		
	<del></del> ;	(1	Name of	Person)		
	Travelers		-	<u>-</u>		
		(1	irm/Co	mpany)	<del></del>	
	One Tower S	quare	=	# =		
		-10-11	(Addr	ess)		<u>₩</u> . •
	Hartford, C	T 06183	` .			The state of the s
		<del></del>	v/State a	and Zip code)		The second secon
		(	,			
For furt	her information co	oncerning this matter,	please c			
		, and the same of	-	A.		e e
Kenc	la C. Davis	at (_	860	<u>954-5660</u>		- ·
	(Name of Person		(Area C	Code & Daytime Teleph	one l	Number)
				-		
	ET ADDRESS: ation Section			MAILING ADDRES Registration Section	S:	
	n of Corporations			Division of Corporation	ons	
409 E. (	Gaines St.			P.O. Box 6327		
Tallaha	ssee, FL 32399			Tallahassee, FL 3231	4	
Enclose	d is a check for th	e following amount:				<del>-</del>
<b>□</b> \$70.0	00 Filing Fee	Ø \$78.75 Filing Fee & Certificate of State		\$ <u>78</u> .75 Filing Fee & Certified Copy	O	\$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. M	endakota Insurance Co	mpany			2003	, A,
words or abbre	oration; must include the word "I viations of like import in languag or partnership if not so contained	e as will clearly inc	licate that it is a corpor		ALLAND,	TAY 12 AM SICE FLORIDA
2. <u>M</u>	innesota	3.	31-1160863	a Armeria	***/ડ્	Sec. 25.
	innesota y under the law of which it is inc			per, if applicable)		PATO.
ı. <u> </u>	0/24/85 te of incorporation)	5	_Perpetual	·		WON.
(Da	te of incorporation)	(E	ouration: Year corp. w	ill cease to exist or	"perpetual")	
iU	oon Qualification					
(Date first trans	acted business in Florida. If corp (SEE SECT)		nsacted business in Flora $7.\overline{15}02$ and $817.155$ , F		ualification.")	
· <u> </u>	295 Northland Drive,		_ <del></del>	-1146		<u> </u>
		ipal office address				
O1	ne Tower Square, Hart					-
	(Curre	ent mailing address	)			
	nsurance Company		-			
(Purpose	(s) of corporation authorized in h	ome state or countr	y to be carried out in s	tate of Florida)		
. Name and st	reet address of Florida regis	tered agent: (P.	O. Box or Mail Drop	Box NOT accep	table)	
Name:	Insurance Commission	ier	<u>-</u>			
Office Address:	200 East Gaines Stre		3°			
	Tallahassee		, Florida 32399 (Zip co			
	(City)		(Zip co	de)		
laving been nad esignated in the urther agree to	agent's acceptance: med as registered agent and t is application, I hereby accep comply with the provisions oj familiar with and accept the	t the appointmen fall statutes rela	t as registered agent tive to the proper an	and agree to act d complete perfoi	in this capacit	
_	Not Required		_			
	(Regis	tered agent's signat	ure)			

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:

	RECTO!				3.
Chairma	n: Ch	arles J. Clarke	<del>_</del>		De la
Address	. <u>On</u>	e Tower Square	F-2	Ay	Jy Wy
	Ha	rtford, CT 06183	.=	· · · · · · · · · · · · · · · · · · ·	45.COS
Vice Cha	airman: ्	None	_		0K, K
				<i>if</i>	
Director:	Jay	y S. Benet			
Address:	One	e Tower Square			
	Ha	rtford, CT 06183	<del></del>	·	
Director:	: Dot	uglas G. Elliot	_		
Address:	On	e Tower Square	· .		
	Han	rtford, CT 06183	<u> </u>		
B. OFF	FICERS				
President	t: Dou	ıglas G. Elliot			
		rating Officer E Tower Square	<u> </u>		
	Наз	rtford, CT 06183	<u> </u>		
Execvice Pres Underwriti		- · · · · · · · · · · · · · · · · · · ·	 -		
Underwriti Address:	ng	One Tower Square			
		Hartford, CT 06183	_ 		_
SrunyP. Ge Counseled	neral	James M. Michener			
Address:		One Tower Square, Hartfor		. <del></del> ÷.	
Sr. VP, Co & Treasurer	ntrol	ler, Chief Accounting Offic Douglas K. Russell	cer <del>=</del> -		
Address:		One Tower Square, Hartfor	rd, CT06183	· ·	
	See Ad	ssary, you may attach an addendum to			•
		(Signature of Chairman, Vice Chairm			
14				······································	
		(Typed or printed name and c	apacity of person signing	g application)	

## SILAHASSEE FORA ADDENDUM TO APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

#### A. DIRECTORS (CONTINUED)

Director: Joseph P. Lacher, Jr.

Address: One Tower Square

Hartford, CT 06183

Director: Brian W. MacLean

Address: One Tower Square

Hartford, CT 06183

Director: James M. Michener

Address: One Tower Square

Hartford, CT 06183

#### **B.** OFFICERS (CONTINUED)

Chairman of the Board and Chief Executive Officer:

Charles J. Clarke

Address:

One Tower Square Hartford, CT 06183

Executive Vice President, Personal Lines:

Joseph P. Lacher, Jr.

Address:

One Tower Square Hartford, CT 06183

Executive Vice President, Claim:

Brian W. MacLean

Address:

One Tower Square Hartford, CT 06183

Page 1 of 2

#### ADDENDUM TO APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

#### **B.** OFFICERS (CONTINUED)

Executive Vice President, Bond: Doreen Spadorcia

Address: One Tower Square

Hartford, CT 06183

Senior Vice President and Chief Financial

Officer: Jay S. Benet

Address: One Tower Square

Hartford, CT 06183

Chief Investment Officer: Stewart R. Morrison

Address: One Tower Square

Hartford, CT 06183

Senior Vice President: Diane D. Bengston

Address: One Tower Square

Hartford, CT 06183

Senior Vice President: Pauline C. Panik

Address: One Tower Square

Hartford, CT 06183

Senior Vice President: George A. Ryan

Address: — One Tower Square

Hartford, CT 06183

Senior Vice President: Susan Stonehill Classin

Address: — One Tower Square

Hartford, CT 06183

Assistant Secretary: Daniel W. Jackson

Address: One Tower Square

Hartford, CT 06183

Page 2 of 2

### state of Minnesota

# 

Certificate of Good Standing

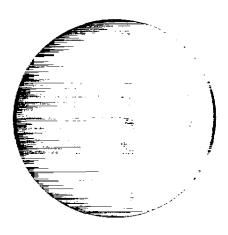
I, Mary Kiffmeyer, Secretary\_of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Mendakota Insurance Company

Date Formed: //

Chapter Governed By: 300

This certificate has been issued on 04/30/03.



Mary Kiffon