

F04000004852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

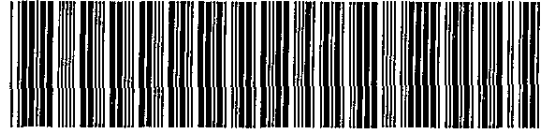
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04 AUG 24 PM 12:41  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*Handwritten signature/initials*



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 850536 5124206

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 70.00

FILED  
04 AUG 24 PM 5:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ORDER DATE : August 16, 2004

ORDER TIME : 9:46 AM

ORDER NO. : 850536-010

CUSTOMER NO: 5124206

CUSTOMER: Meryl Seely  
Washington Mutual Bank  
1201 Third Avenue, Wmt 1706  
Washington Mutual Tower  
Seattle, WA 98101

FOREIGN FILINGS

NAME: HOME CREST INSURANCE SERVICES,  
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward -- EXT# 2935

EXAMINER: \_\_\_\_\_

**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.

FILED  
AUG 24 PM 5:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Home Crest Insurance Services, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California

(State or country under the law of which it is incorporated)

3. 95-2411823

(FEI number, if applicable)

4. November 1, 1965

(Date of incorporation)

5. Perpetual

(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. 17861 VonKarman Ave., Irvine, CA 92614

(Principal office address)

c/o Joan Olds, Washington Mutual, 1201 Third Ave., WMT1706, Seattle, WA 98101

(Current mailing address)

8. Marketing of insurance products through wholesale channels

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(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.*

Corporation Service Company

Deborah D. Skipper

(Registered agent's signature)

**Deborah D. Skipper**  
**Asst. V. Pres.**

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 officers/directors rider

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: See attached officers/directors rider

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. William L. Lynch, Assistant Secretary

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

## **HOME CREST INSURANCE SERVICES, INC.**

### **OFFICERS/DIRECTORS RIDER**

#### **List of Officers**

**Name:** Cynthia L. Barajas **Title:** Asst Vice President  
**Bus. Addr.:** c/o Washington Mutual, 17861 Von Karman Ave. Bldg. E., Irvine, CA 96214

**Name:** Carl A. Formato **Title:** President  
**Bus. Addr.:** c/o Washington Mutual, 17861 Von Karman Ave. Bldg. E., Irvine, CA 96214

**Name:** John P. Greenlee **Title:** First Vice President  
**Bus. Addr.:** c/o Washington Mutual, 17861 Von Karman Ave. Bldg. E., Irvine, CA 96214

**Name:** Leslie A. Harrison **Title:** Secretary  
**Bus. Addr.:** c/o Washington Mutual, 17901 Von Karman Ave. Floor 5, Irvine, CA 96214

**Name:** Camille M. Kawase **Title:** Treasurer  
**Bus. Addr.:** c/o Washington Mutual, 17875 Von Karman Ave. Floor 2, Seattle, WA 96214

**Name:** John D. Kramer **Title:** First Vice President  
**Bus. Addr.:** c/o Washington Mutual, 17861 Von Karman Ave. Bldg. E., Irvine, CA 96214

**Name:** William L. Lynch **Title:** Assistant Secretary  
**Bus. Addr.:** c/o Washington Mutual, 1201 Third Ave. Ste 1706, Seattle, WA 98101

**Name:** Karen L. Mele **Title:** Vice President  
**Bus. Addr.:** c/o Washington Mutual, 17861 Von Karman Ave. Bldg. E., Irvine, CA 96214

**Name:** Robert H. Miles **Title:** Vice President  
**Bus. Addr.:** c/o Washington Mutual, 1201 Third Ave. Ste. 1501, Seattle, WA 98101

**Name:** Deveri M. Ray **Title:** Asst. Vice President  
**Bus. Addr.:** c/o Washington Mutual, 1191 Second Ave., Seattle, WA 98101

**Name:** Jill Smith Ely **Title:** First Vice President  
**Bus. Addr.:** c/o Washington Mutual, 17861 Von Karman Ave. Bldg. E., Irvine, CA 96214

#### **List of Directors**

**Name:** Michael L. Amato **Term:** May 01, 2005  
**Bus. Addr.:** c/o Washington Mutual, 1201 Third Ave. Ste 1501, Seattle, WA 98101

**Name:** Dyan Beito **Term:** May 01, 2005  
**Bus. Addr.:** c/o Washington Mutual, 1201 Third Ave. Ste 1910, Seattle, WA 98101

**HOME CREST INSURANCE SERVICES, INC.**

**OFFICERS/DIRECTORS RIDER**

**List of Directors (cont.)**

**Name:** Thomas W. Casey

**Term:** May 01, 2005

**Bus. Addr.:** c/o Washington Mutual, 1201 Third Ave. Ste. 1501, Seattle, WA 98101

**Name:** Daryl D. David

**Term:** May 01, 2005

**Bus. Addr.:** c/o Washington Mutual, 1201 Third Ave. Ste. 1601, Seattle, WA 98101

**Name:** Carl A. Formato

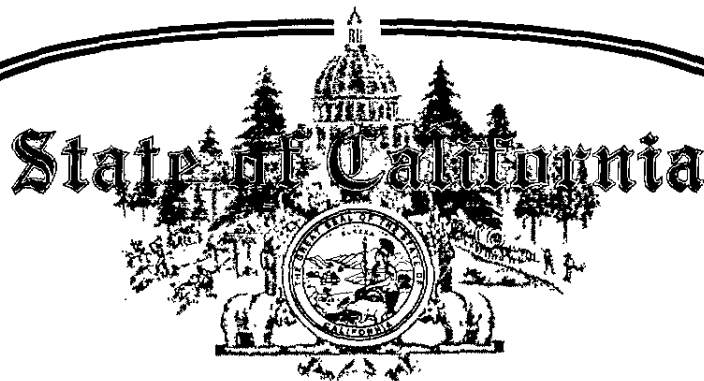
**Term:** May 01, 2005

**Bus. Addr.:** c/o Washington Mutual, 17861 Von Karman Ave. Bldg. E., Irvine, CA 96214

**Name:** Anthony T. Meola

**Term:** May 01, 2005

**Bus. Addr.:** c/o Washington Mutual, 75 N. Fairway Dr., Vernon Hills, IL 60061



## SECRETARY OF STATE

### CERTIFICATE OF STATUS DOMESTIC CORPORATION

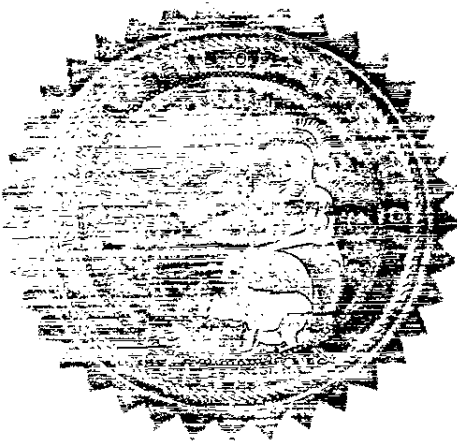
I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

That on the **1st day of November, 1965**, **HOME CREST INSURANCE SERVICES, INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 19, 2004.

*Kevin Shelley*  
KEVIN SHELLEY  
Secretary of State