

F05000007185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

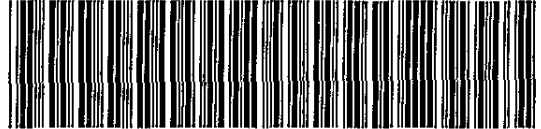
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400061938474

12/07/05--01012--010 \*\*78.75

FILED  
05 DEC -7 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan DEC 13 2005

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Conestoga Title Insurance Co.  
(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:

Kathy Connors

(Name of Person)

Conestoga Title Insurance Co.

(Firm/Company)

137 East King St.

(Address)

Lancaster, PA 17602

(City/State and Zip code)

For further information concerning this matter, please call:

Kathy Connors

(Name of Person)

at ( 800 ) 414-8269

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

**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. Conestoga Title Insurance Co.  
(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. Pennsylvania 3. 23-1914683  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1973 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 123 East King Street, Lancaster, PA 17602  
(Principal office address)

same as above  
(Current mailing address)

8. Provide title insurance policies  
(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 NOT acceptable)

Name: CT Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

FILED  
05 DEC -7 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.*

Korri A. Behler KORRI A. BEHLER  
(Registered agent's signature) Special Assistant Secretary

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: Sam Ferguson Musser

Address: 201 South Church Street  
Quarryville, PA 17566

Vice Chairman: No vice Chairman

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

Director: Steven Paul Risk

Address: 652 Valley Road  
Quarryville, PA 17566

Director: Carl Richard Hallgren

Address: 129 South Market Street  
Mount Joy, PA 17522

**B. OFFICERS**

President: Sam Ferguson Musser

Address: 201 South Church St.  
Quarryville, PA 17566

Vice President: N/A Assistant Secretary: Helen Josephine Solarz

Address: 5270 Lincoln Highway East  
Gap, PA 17527

Secretary: Mary Lou Creasy

Address: 45 Front St., Lititz, PA 17543

Treasurer: Barbara Louise Musser Hoy

Address: 206 Becks Lane, Wilmington, DE 19807

FILED  
05 DEC -7 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

13. Mary Lou Creasy  
(Signature of Director or Officer listed in number 12 of the application)

14. Mary Lou Creasy  
(Typed or printed name and capacity of person signing application)

Attachment to Name Approval Application for CONESTOGA TITLE INSURANCE CO.

Additional Directors:

1. John Summers May  
100 Red Fox Road  
Millersville, PA 17551
2. Bruce Peale Ryder  
504 Race Avenue  
Lancaster, PA 17603
3. Audrey Kain Pedrick  
1120 Queens Way  
West Chester, PA 19382
4. Herbert Barry Montgomery  
107 Remington Road  
Port Deposit, MD 21904

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

December 01, 2005

TO ALL WHOM THESE PRESENTS SHALL COME , GREETING :

I DO HEREBY CERTIFY THAT,

CONESTOGA TITLE INSURANCE CO.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting 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.

*Perth C. Conte's*

Secretary of the Commonwealth