| (Red                      | uestor's Name)    |             |
|---------------------------|-------------------|-------------|
| (Add                      | lress)            |             |
| (Add                      | Iress)            |             |
| (City                     | /State/Zip/Phone  | e #)        |
| PICK-UP                   | ☐ WAIT            | MAIL        |
| (Bus                      | siness Entity Nar | me)         |
| (Doc                      | cument Number)    |             |
| Certified Copies          | Certificates      | s of Status |
| Special Instructions to F | Filing Officer:   |             |
|                           |                   |             |
|                           |                   |             |
|                           |                   |             |
|                           |                   |             |

Office Use Only



100076040431



| ON SERVICE COMPANY                |                |
|-----------------------------------|----------------|
| ACCOUNT NO. :                     | 072100000032   |
| REFERENCE :                       | 172767 7329165 |
| AUTHORIZATION :                   | Smitholenan    |
| COST LIMIT :                      | \$ 70.00       |
| ORDER DATE : June 12, 2006        |                |
| ORDER TIME : 10:15 AM             | ,              |
| ORDER NO. : 172767-005            |                |
| CUSTOMER NO: 7329165              |                |
|                                   |                |
| FOREIGN FILI                      | NGS            |
| NAME: ACORDIA MOUNTAIN            | WEST, INC.     |
| XXXX QUALIFICATION (TYPE: CO)     |                |
| PLEASE RETURN THE FOLLOWING AS PR | OOF OF FILING: |
| XX PLAIN STAMPED COPY             |                |
| CONTACT PERSON: Pollye Janisse -  | - EXT# 2954    |

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.

| 1.       | Acordia Mounta   | ain West, Inc.  |      |  |            | _                 |
|----------|------------------|---|------|--|------------|-------------------|
|          |                  | orporation; must include "INCORPORATI<br>orp," "Inc," "Co," or "Corp.") | ED,  | " "COMPANY," "CORPORATION,"  |            |                   |
| i        | (If name unavail | able in Florida, enter alternate corporate na                           | me   | adopted for the purpose of transacting business i                                    | n Florida) | <u> </u>          |
| 2.       | Colorado         |   | 3.   | 84-0865117   |            |                   |
| (        | State or country | under the law of which it is incorporated)                              | •    | (FEI number, if applicable)  |            | -                 |
| 4.       | 10-27-1981 -     |   | 5.   | perpetual  |            |                   |
|          | (Date            | of incorporation)   |      | (Duration: Year corp. will cease to exist or "pe                                     | rpetual")  | _                 |
| 6.       | upon filind      |   |      |  |            |                   |
| 7        | 5755 Mark Dabl   |   | 7.15 | n Florida, if prior to registration) 502, F.S., to determine penalty liability) 5919 | UF 90      | USIAIO<br>PISIC   |
| <i>'</i> |                  | (Principal office a   | addı | ress)  | *****      | -ZR<br>97.        |
| !        | same             |   |      |  | ω<br>—     | 287<br>287<br>287 |
| _        | •                | (Current mailing  | addı | ress)  | 3          | 공유<br>음<br>음      |
| 8        | insurance agenc  | У   |      |  | ¥ 3: 31    | RATION            |
| _        | (Purpose(s       | ) of corporation authorized in home state o                             | r co | untry to be carried out in state of Florida)   |            | <i>77</i> 7       |
| 9. 1     | Name and stree   | et address of Florida registered agent: (                               | P.O  | Box NOT acceptable)  |            |                   |
|          | Name:            | Corporation Service Company   |      |  |            |                   |
| Off      | ice Address:     | 1201 Hays Street  |      | ·<br>——  |            |                   |
|          |                  | Tallahassee   |      | , Florida <sup>32301</sup>   |            |                   |
|          |                  | (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.

Corporation Service Company

By: Laura R. Dunlap
as its agent

(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:

### A. DIRECTORS

#### FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

| Chairmar       | 11  |
|----------------|---|
| Address:       | 06 JUN 13 PM 3: 31  |
|                |   |
| Vice Cha       | irman:  |
| Address:       |   |
|                |   |
| Director:      | Robert P. Cuthbert  |
| Address:       | 150 N. Michigan Avenue, Suite 4100  |
|                | Chicago, IL 60601   |
| Director:      | Robert M. Greco   |
| Address:       | 150 N. Michigan Avenue, Suite 4100  |
|                | Chicago, IL 60601   |
| B. OFF         | ICERS   |
| President      | Steven Schneider  |
| Address:       | 5755 Mark Dabling Blvd., Suite 300  |
|                | Colorado Springs, CO 80919  |
| Vice Pres      | ident: Renita Wolf  |
| Address:       | 5755 Mark Dabling Blvd., Suite 300  |
|                | Colorado Springs, CO 80919  |
| Secretary:     | Robert M. Greco   |
| Address:       | 150 N. Michigan Avenue, Suite 4100, Chicago, IL 60601   |
|                | Christine M. Ostermeier   |
|                | 150 N. Michigan Avenue, Suite 4100, Chicago, IL 60601   |
|                |   |
| 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)                                 |
| n •            |   |
| 14. <u>Rob</u> | (Typed or printed name and capacity of person signing application)  |
|                | (Typed of printed name and capacity of person signing application)  |



# OFFICE OF THE SECRETARY OF STATE OF 3:31 OF THE STATE OF COLORADO

#### CERTIFICATE

I, Ginette Dennis, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

ACORDIA MOUNTAIN WEST, INC.

#### is a Corporation

formed or registered on 10/27/1981 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871453262 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/08/2006 that have been posted, and by documents delivered to this office electronically through 06/12/2006 @ 14:43:34.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 06/12/2006 @ 14:43:34 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 6513035.



Sinette Dennis

Secretary of State of the State of Colorado

\*End of Certificate\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <a href="http://www.sos.state.co.us/biz/CertificateSearchCriteria.do">http://www.sos.state.co.us/biz/CertificateSearchCriteria.do</a> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. <a href="Confirming the issuance of a certificate">Confirming the issuance of a certificate</a> is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <a href="http://www.sos.state.co.us/click Business Center and select">http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."</a>