

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone : (850)878-5926 Fax Number

FOREIGN PROFIT/NONPROFIT CORPORATION

MBNA Insurance Agency, Inc.

Certificate of Status_	0
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CI CORP

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

		TATUTES, THE FOLLOWING IS SUBMI BUSINESS IN THE STATE OF FLORIDA	
1. IF LA	Insurance Seri	uces inc.	
(Enter name of corp	oration; must include "INCORPORATED, ""Inc," "Co," or "Corp.")		NUG -2 ETARY OF AHASSEE,
(If name anaugitable	e in Florida, enter alignate comprete same	adopted for the purpose of transacting busine	
2. Delse	Uake3.	51-0364790	
(State or country un	der the law of which it is incorporated)	(FEI number, if applicable)	> •
4. Onte of	(ncorporation) 5.	(Duration: Year corp. will cease to exist or	"nemental")
(Date of	10 10	(Salarion, Francisco, with those to exist of	pupulai
O,	(Date first fransacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) i02, F.S., to determine penalty liability)	
2 20 M	ent Charun Pol.	Shoenville DE 1	984
	(Principal office add		
<u>C 055</u>	5 California Sf (Current mailing add	8th floor, Jan Fra	ncisco Ca
8. <u> </u>	Lance		
(Purpose(s) o	f corporation authorized in home state or co	untry to be carried out in state of Florida)	
Name and street a	ddress of Florida registered agent: (P.O	D. Box <u>NOT</u> acceptable)	•
Name:	C T Corporation System		
Office Address: _	1200 South Pine Island Road		
_	Plantation	, Florida33324	
	(City)	(Zip code)	
tesignated in this ap further agree to com	as registered agent and to accept service plication, I hereby accept the appointm	ce of process for the above stated corport tent as registered agent and agree to act clative to the proper and complete perfor sition as registered agent.	in this canacity. I
Ву:	C T Corporation System	Jenniter Quinn Assistant Secretary	
	(Registered agent's signature)		
1. Attached is a cert	ificate of existence duly authenticated,	not more than 90 days prior to delivery of	f 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:

PL019 - 02/03/2006 C 7 Byslem Online

A. DIRECTORS	
Chairman:please per atfached	_
Address:	_
	<u>-</u>
Vice Chairman:	2 <u>6</u>
Address:	ig T
Director:	LEI [2]
Address:	_Z U
	?
Director:	
Address:	
B. OFFICERS	
President pleax pu attached	
i i	
Address:	
Ster War Ster a	
Vice President:	
Address:	-
· ·	_ <u>_</u>
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
$A \sim A$	
13. C. (A) A Q M Q A Q (Signature of Director or Officer listed in number 12 of the application) 14. Cleffaret	
14. (Typed pyprinted name and capacity of person signing application)	
/ v bearles houses more one cobsent or berson signing ablues foul	

FLOLY - 02/03/2006 C T System Online

DIRECTORS AND PRINCIPAL OFFICERS

Board of Directors

Burdick, Timothy A.

201 N. Tryon Street, 19th Floor

NC1-022-19-02 Charlotte, NC 28255

Collins, Lesley J.

143 Giberaltar Road PA6-589-01-07

Kramer, Andrew John

Horsham, PA 19044 201 N. Tryon Street, 15th Ploor

NC1-022-15-09

Mauldin, Robert M.

Charloue, NC 28255

201 N. Tryon Street, 10 Floor

NC1-022-19-02

Charloss, NC 28255

Myrick, Thomas G.

201 N. Tryon Street, 15" Plots

Need Linda'S

NCL-027-13-09 Charlotte, NC 28255

Pellerin, J. Keith

101 N Types 81 T Phot NC 1-001 97-08-00 Chacter 9C 2025

201.77 April Subst 49 Hoos NC 1-022-19-02 Charlpup NC -22275

Titus, Laurin G.

201 N. Tryon Street, 19th Floor

NC1-022-19-02

Charlotte, NC 28255

Williams, Lewis E.

201 N. Tryon Street, 19th Floor

NCI-022-19-02 Charlotta, NC 28255

Myrick, Thomas G.

Chairman

Please see above

Pellerin, J. Keith

President

Pleasu see above

Williams, Lewis E.

Treasurer

Please see above

Costamagna, Christine M.

Secretary

555 California Super & Floor, San Brancisgo, Ca 94104

Delaware

DAGE 1

The First State

I, HARRIET EMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREST CERTIFY "IFIA INSURANCE SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF AUGUST, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IFIA INSURANCE SERVICES, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF JANUARY, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HERBY FURTHER CERTIFY TEAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

YOUR AUG -2 PH 2: 14
SECRETARY OF STATE



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Variet Smith Windsor, Secretary of State

AUTHENTICATION: 4944175

DATE: 08-01-06