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(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	sin <b>ess</b> Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	<del>,</del>

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## CHUBB LICENSING SERVICES LLC

15 Mountain View Road, P.O. Box 1615, Warren, New Jersey 07061-1615 • T: 800 824-6717 F: 908 903-4245

August 18, 2006

Florida Department of Insurance New Filing Section Divison of Corporations P.O. Box 6327 Tallahassee, FL 32399-0319

RE: NONRESIDENT AGENT'S LICENSE STATE OF FLORIDA

Please register Brown, Thayer Shedd Insurance, Inc. as a nonresident agent in the state of Florida. Enclosed are the following:

- 1. Cover Letter
- 2. Application By Foreign Corporation For Authorization to Transact Business in Florida
- 3. Certificate of Good Standing
- 4. Chubb Licensing Services check in the amount of \$78.75

Thank you for your cooperation.

Tonda Pratt Licensing Associate Chubb Licensing Services LLC (908) 903-2484

Encl.

SECRETERY L STATE TALLARY SIFE, FLORIDA

# **COVER LETTER**

TO: New Filing Section Division of Corporations				
SUBJECT: Brown, Thayer Shedd Insurance, Ir	ıc.			
(Name of corporation - must in	nclude suffix)			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Authoriza "Certificate of Existence," and check are submitted to register the transact business in Florida.				
Please return all correspondence concerning this matter to the following	lowing:			
Tonda Pratt				
(Name of Person)	-			
Chubb Licensing Services				
(Firm/Company)	7 <sub>0</sub> 9			
15 Mountain View RD PO Box 1615	i Eci			
(Address)	16 2			
Warren NJ 07061-1615	(A) (B)			
(City/State and Zip co	de)			
For further information concerning this matter, please call:	AM IO: 17 EE. FLURIDA			
Tonda Pratt at (_908) 903-	-2484			
(Name of Person) (Area Code & Daytime Telephone Number)				
New Filing Section Division of Corporations Clifton Building	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for the following amount:				
\$70.00 Filing Fee \$\sqrt{\$78.75}\$ Filing Fee \$\sqrt{\$78.75}\$ For Certificate of Status \$\sqrt{\$78.75}\$ Certifies	iling Fee & S87.50 Filing Fee, d Copy 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. Brown,Tha	ayer Shedd Insurance,Inc.			
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
BTS	Ensurance Inc of CT			
(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting busi	iness in Florida)	
2. Connectic	ut 3.	06-1464140		
	under the law of which it is incorporated)	(FEI number, if applicable)		
4. 09/30/199	09/30/1996 <sub>5.</sub> Perpetual			
	of incorporation)	(Duration: Year corp. will cease to exist	or "perpetual")	
6.				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)	-, <del>-</del>	
<sub>7</sub> 49 Pine St	reet New Canaan, CT 06840			
	(Principal office addre	ess)	ASS 8	
49 Pine St	reet New Canaan, CT 06840			
	(Current mailing addr	ess)	28	
8. Insurance			學 ■ 日	
(Purpose(s	) of corporation authorized in home state or cou	untry to be carried out in state of Florida)	.0.	
9. Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	Corporation Service Compa	nny		
Office Address:	1201 Hays Street	<del></del>	- · · · · · · · · · · · · · · · · · · ·	
	Tallahassee	, Florida 32301		
	(City)	(Žip code)	* · · · · · · · · · · · · · · · · · · ·	
	gent's acceptance:	a of nuccours for the above stated some	anation at the place	

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.

(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.

A. DIRECTORS Chairman: No Title Assigned Vice Chairman: No Title Assigned Director: Timothy M. Brown Address: 49 Pine Street New Canaan, CT 06840 Director: \_ B. OFFICERS President: Timothy M. Brown Address: 49 Pine Street New Canaan, CT 06840 Vice President: Address: \_ Secretary: Constance E Brown Address: 49 Pine Street New Canaan, CT 06840 Treasurer: No Title Assigned Address: \_ NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) thy M Brown 08/14/06 (Typed or printed name and capacity of person signing application)

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

### Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that the certificate of incorporation of

#### BROWN, THAYER SHEDD INSURANCE, INC.

a domestic STOCK corporation, was filed in this office on September 30, 1996.

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.

Secretary of the State

Date Issued: August 17, 2006

Business ID: 0545054 Standard Certificate Number: 2006195410001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov