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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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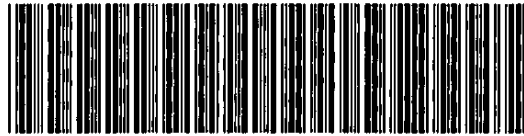
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch SEP 27 2006

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Peoples Insurance Agency, Inc.

(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:

Tonda Pratt

(Name of Person)

Chubb Licensing Services

(Firm/Company)

15 Mountain View Rd.

(Address)

Warren NJ 07059

(City/State and Zip code)

For further information concerning this matter, please call:

Tonda Pratt

(Name of Person)

at (908) 903-2484

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

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

☒ \$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. **Peoples Insurance Agency, Inc.**

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

Peoples Insurance Agency of Ohio

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

2. **Ohio**

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

3. **31-1398962**

(FEI number, if applicable)

4. **02-11-1994**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

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

7. **138 Putnam Street Marietta, OH 45750**

(Principal office address)

P.O. Box 738 Marietta, OH 45750

(Current mailing address)

8. **Insurance Agency**

(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: **Corporation Service Company**

Office Address: **1201 Hays Street**

Tallahassee

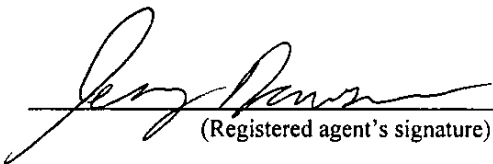
(City)

, 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.


(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.

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

A. DIRECTORS

Chairman: No Title Assigned

Address: _____

Vice Chairman: No Title Assigned

Address: _____

Director: Thomas G Chaffin

Address: 1557 Winchester Ave. Ashland, KY 41101

Director: Thomas C Phipps

Address: 1557 Winchester Ave. Ashland, KY 41101

B. OFFICERS

President: Mark F Bradley

Address: 138 Putnam Street Marietta, OH 45750

Vice President: Thomas G Chaffin

Address: 1557 Winchester Ave. Ashland, KY 41101

Secretary: Charles R Hunsaker

Address: 138 Putnam Street Marietta, OH 45750

Treasurer: Donald J Landers, Jr

Address: 138 Putnam Street Marietta, OH 45750

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

13.  8-28-06

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

14. Thomas G Chaffin, Senior Vice President

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

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TALLAHASSEE FLORIDA

**United States of America
State of Ohio
Office of the Secretary of State**

*I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show **PEOPLES INSURANCE AGENCY, INC.**, an Ohio corporation, Charter No. 864466, having its principal location in Marietta, County of Washington, was incorporated on February 11, 1994 and is currently in **GOOD STANDING** upon the records of this office.*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 14th day of August, A.D. 2006*

J. Kenneth Blackwell

Ohio Secretary of State