

F08000000308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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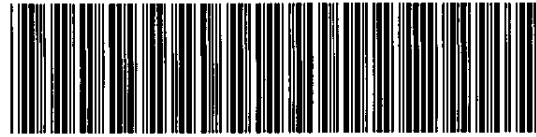
(Business Entity Name)

(Document Number)

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DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DW JAN 24 2008

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CT
a Wolters Kluwer business

CT
1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
850 222 7615 fax
www.ctlegalsolutions.com

January 23, 2008

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 7133339 SO
Customer Reference 1: na
Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

Connecticut Casualty Insurance Agency, Inc. (CT)
Qualification
Florida

Connecticut Casualty Insurance Agency, Inc. (CT)
Cert Copy of Certificate of Authority
Florida

Connecticut Casualty Insurance Agency, Inc. (CT)
Certificate of Status/Authorization-Foreign
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

**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. **Connecticut Casualty Insurance Agency, Inc.**

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

N/A

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

2. **Connecticut**

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

3. **06-1626198**

(FEI number, if applicable)

4. **7/27/01**

(Date of incorporation)

5. **Perpetual**

(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. **500 South Broad Street, Meriden, CT 06450**

(Principal office address)

500 South Broad Street, Meriden, CT 06450

(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: **CT Corporation System**

Office Address: **1200 South Pine Island Road**

Plantation

(City)

, Florida **33324**

(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.

Corrie Bryan

CORRIE BRYAN
SPECIAL ASSISTANT SECRETARY

(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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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

A. DIRECTORS

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Chairman: Mory Katz

Address: c/o Response Insurance 500 South Broad Street
Meriden, CT 06450

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: N/A

Address: _____

Director: Kathleen A. Gleeson

Address: c/o Response Insurance 500 South Broad Street
Meriden, CT 06450

Director: Susan Claflin

Address: c/o Response Insurance 500 South Broad Street
Meriden, CT 06450

B. OFFICERS

President: John Ammendola

Address: c/o Response Insurance 500 South Broad Street
Meriden, CT 06450

Vice President: Kathleen A. Gleeson

Address: c/o Response Insurance 500 South Broad Street
Meriden, CT 06450

Secretary: Susan Claflin

Address: c/o Response Insurance 500 South Broad Street Meriden, CT 06450

Treasurer: George Kowalsky

Address: c/o Response Insurance 500 South Broad Street Meriden, CT 06450

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

13. David I. Schonbrun
(Signature of Director or Officer listed in number 12 of the application)

14. David I. Schonbrun, Assistant Secretary
(Typed or printed name and capacity of person signing application)



12 (continued)
Additional Directors and Officers

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Directors

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George Kowalsky
c/o Response Insurance, 500 South Broad Street
Meriden, CT 06450

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Officers

Vice Presidents

Maria Pia Eskew
c/o Response Insurance, 500 South Broad Street
Meriden, CT 06450

George Kowalsky
c/o Response Insurance, 500 South Broad Street
Meriden, CT 06450

Assistant Secretary

David I. Schonbrun
c/o Response Insurance, 500 South Broad Street
Meriden, CT 06450

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

CONNECTICUT CASUALTY INSURANCE AGENCY, INC

a domestic STOCK corporation, was filed in this office on July 30, 2001, 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: January 18, 2008

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA