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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Charles W. Cammack Associates 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:

Michael R. Carter
(Name of Person)

Charles W. Cammack Associates Inc.
(Firm/Company)

50 Market St., PMB 192
(Address)

South Portland, ME 04106
(City/State and Zip code)

For further information concerning this matter, please call:

Michael Carter at (207) 799-1752
(Name of Person) (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. Charles W. Cammack Associates Inc.

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

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

2. New York

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

3. _____

(FEI number, if applicable)

4. December 1980

(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. 2 Rector Street, 23rd Floor, New York, NY 10006

(Principal office address)

Same

(Current mailing address)

8. Provide group insurance products to large employers.

(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: NRAI Services, Inc.

Office Address: 2731 Executive Park Drive, Suite 4

Weston

(City)

Florida 33331

(Zip code)

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TALLAHASSEE, FLORIDA

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.

NRAI Services, Inc.

By: Christian Eubanks

(Registered agent's signature)

Christian Eubanks, Assistant Secretary

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

Chairman: See Attached Listing

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See Attached Listing

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Earle H. Allen
(Signature of Director or Officer listed in number 12 of the application)

14. EARLE H. ALLEN, TREASURER
(Typed or printed name and capacity of person signing application)

**Charles W. Cammack Associates, Inc.
Officers & Directors
2008**

<u>Officers:</u>		<u>Business Address</u>
Chief Executive Officer & Chairman of the Board President	Emile J. Schoffelen Mark B. Manin	2 Rector St. 23 rd Floor, New York, NY 10006 65 William Street, Suite 100, Wellesley, MA 04281
Secretary	Nancy L. Schoffelen	2 Rector St. 23 rd Floor, New York, NY 10006
Asst. Secretary	Erin O'Connor	2 Rector St. 23 rd Floor, New York, NY 10006
Asst Secretary	Earle W. Allen	2 Rector St. 23 rd Floor, New York, NY 10006
Treasurer	Earle W. Allen	2 Rector St. 23 rd Floor, New York, NY 10006

<u>Directors:</u>	<u>Business Address</u>
Emile J. Schoffelen	2 Rector St. 23 rd Floor, New York, NY 10006 (Chairman)
Mark B. Manin	65 William Street, Suite 100, Wellesley, MA 04281
Nancy L. Schoffelen	2 Rector St. 23 rd Floor, New York, NY 10006
Charles B. Morgan	2 Rector St. 23 rd Floor, New York, NY 10006
Richard S. Scolaro	2 Rector St. 23 rd Floor, New York, NY 10006

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of CHARLES W. CAMMACK ASSOCIATES INC. was filed on 12/22/1980, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 01st day of February two
thousand and eight.*

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