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DIVISION OF CORPORATIONS
09 FEB 18 AM 11:44

MD 2/20

W-5694



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2009

BLANCA DULANTO
SEAWORTHY INSURANCE COMPANY
P. O. BOX 22674
ALEXANDRIA, VA 22304

SUBJECT: SEAWORTHY INSURANCE COMPANY
Ref. Number: W09000005694

We have received your document for SEAWORTHY INSURANCE COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham
Regulatory Specialist II
New Filing Section

Letter Number: 309A00004167

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SEAWORTHY INSURANCE COMPANY
(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:

Blanca Dulanto

(Name of Person)

SEAWORTHY INSURANCE COMPANY

(Firm/Company)

P.O Box 22674

(Address)

Alexandria, VA 22304

(City/State and Zip code)

For further information concerning this matter, please call:

Blanca Dulanto

(Name of Person)

at (703) 461-2878 x 3588

(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.

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1. **SEAWORTHY INSURANCE COMPANY**

(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. **Maryland**

3. **52-1658500**

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

(FEI number, if applicable)

4. **11/01/1989**

5. **PERPETUAL**

(Date of incorporation)

(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. **147 Old Solomon's Island Rd., Suite 513, Annapolis, MD 21401**

(Principal office address)

P.O. Box 22674, Alexandria, VA 22304

(Current mailing address)

8. **INSURANCE**

(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: **Virginia L. Fletcher**

Office Address: **6255 Lake Gray Blvd., Suite 4**

Jacksonville

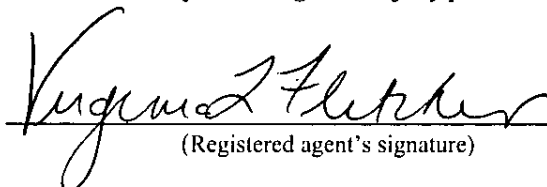
(City)

, Florida **32244**

(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.

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

A. DIRECTORS

Chairman: William M. Oakerson

Address: 880 S. Pickett St.
Alexandria, VA 22304

Vice Chairman: _____

Address: _____

Director: Richard Schwartz

Address: 880 S. Pickett St.
Alexandria, VA 22304

Director: Diana F. Card

Address: 880 S. Pickett St.
Alexandria, VA 22304

B. OFFICERS

President: James B. Holler

Address: 880 S. Pickett St.
Alexandria, VA 22304

Vice President: Carroll C. Robertson

Address: 880 S. Pickett St.
Alexandria, VA 22304

Secretary: Evelyn A. Matey

Address: 880 S. Pickett St.

Treasurer: Felix J. Pomponi

Address: 880 S. Pickett St., Alexandria, VA 22304

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

13. _____

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

14. _____

JAMES B. HOLLER - PRESIDENT
(Typed or printed name and capacity of person signing application)

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Applicant Name: Seaworthy Insurance Company

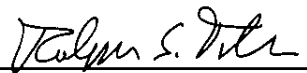
NAIC No.: 37923-1
FEIN: 52-1658500

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Uniform Certificate of Authority (UCAA)
Certificate of Compliance

State of Maryland, Office of Commissioner, I Ralph S. Tyler, hereby certify that I am the Commissioner of the State of Maryland and have supervision of insurance business in said State and as such I hereby certify that Seaworthy Insurance Company of Maryland is duly organized under the laws of said State and is authorized to transact the business of, Marine, Wet Marine & Transportation insurance in this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand at Baltimore, Maryland on this 12th day of February, A.D. 2009.


(Insurance Commissioner of Maryland)

Ralph S. Tyler
(Printed Name)