

F09000002177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amber Oster camp
AUTHORIZATION BY PHONE TO *DAVE*
CORRECT *Corporation name*
DATE *6/1/09*
DOC. EXAM *MRS*

Office Use Only



300156054933

05/20/09--01030--018 **78.75

FILED

09 JUN - 1 PM 3:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
6/1

109-24178

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Barrington Bank & Trust Company, N.A.
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:

Amber Ostercamp

Name of Person

FIRST Insurance Funding Corp.

Firm/Company

450 Skokie Blvd Suite 1000

Address

Northbrook, IL 60062

City/State and Zip code

aaoster@firstinsurancefunding.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amber Ostercamp

Name of Person

at (847) 572-4998

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2009

AMBER OSTERCAMP
FIRST INSURANCE FUNDING CORP.
450 SKOKIE BLVD, SUITE 1000
NORTHBROOK, IL 60062

SUBJECT: BARRINGTON BANK & TRUST COMPANY, N.A.
Ref. Number: W09000024178

We have received your document for BARRINGTON BANK & TRUST COMPANY, N.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return 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) 245-6879.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 309A00017371

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DEPARTMENT OF STATE
09 JUN - 1 AM 7:54



OFFICE OF FINANCIAL REGULATION

ALEX HAGER
ACTING COMMISSIONER

**FINANCIAL SERVICES
COMMISSION**

CHARLIE CRIST
GOVERNOR

BILL MCCOLLUM
ATTORNEY GENERAL

ALEX SINK
CHIEF FINANCIAL OFFICER

CHARLES BRONSON
COMMISSIONER OF
AGRICULTURE

May 28, 2009

Ms. Amber Ostercamp
450 Skokie Boulevard, Suite 1000
Northbrook, IL 60065-3306

Re: Barrington Bank & Trust Company, N.A.

Reference is made to your recent letter/fax requesting approval of the above-referenced corporate name which is a nationally chartered bank headquartered in Barrington, IL.

As Section 655.922, Florida Statutes, exempts a financial institution, holding company or its subsidiaries from the prohibition of using the word "bank," "banco," "banque," "banker," "banking," "trust company," "savings and loan association," "savings bank," or "credit union," or words of similar import, in any context or in any manner in its corporate name. The Office will not object to the use of the above name being registered to transact business in the state of Florida. This does not authorize the institution to engage in banking, trust or insurance business or any other licensed activity in the state of Florida. Proper regulatory approvals will be required.

Sincerely,

Linda B. Charity
Director

LBC:bk

cc: Karon Beyer, Chief, Bureau of Commercial Recordings, Division of Corporations,
Department of State

MAILING ADDRESS: DIVISION OF FINANCIAL INSTITUTIONS
200 EAST GAINES STREET, TALLAHASSEE, FLORIDA 32399-0371
(850) 410-9800 • FAX (850) 410-9548

Affirmative Action / Equal Opportunity Employer

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**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. Barrington Bank & Trust Company, National Association

(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. Illinois

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

3. 36-4108515

(FEI number, if applicable)

4. December 26, 1996

(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. 201 S Hough St., Barrington, IL 60010

(Principal office address)

201 S Hough St., Barrington, IL 60010

(Current mailing address)

8. finance insurance premiums

(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 Rd

Plantation

(City)

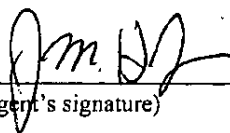
, Florida 33324

(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.



(Registered agent's signature)

James M. Halpin
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

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Chairman: W. Bradley Stetson

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Address: 201 S Hough St., Barrington, IL 60010

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Vice Chairman: Jon Stickney

Address: 201 S Hough St., Barrington, IL 60010

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Jon Stickney

Address: 201 S Hough St., Barrington, IL 60010

Vice President: Frank J. Burke

Address: 201 S Hough St., Barrington, IL 60010

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Frank J. Burke, Vice President

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



FILED

Comptroller of the Currency
Administrator of National Banks

09 JUN -1 PM 3:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Washington, DC 20219

CERTIFICATE OF CORPORATE EXISTENCE

I, John C. Dugan, Comptroller of the Currency, do hereby certify that:

1. The Comptroller of the Currency, pursuant to Revised Statutes 324, et seq., as amended, 12 U.S.C. 1, et seq., as amended, has possession, custody and control of all records pertaining to the chartering, regulation and supervision of all National Banking Associations.

2. "Barrington Bank & Trust Company, National Association," Barrington, Illinois, (Charter No. 23216), is a National Banking Association formed under the laws of the United States and is authorized thereunder to transact the business of banking on the date of this Certificate.

IN TESTIMONY WHERE OF, I have
hereunto subscribed my name and caused
my seal of office to be affixed to these
presents at the Treasury Department, in the
City of Washington and District of
Columbia, this April 29, 2009.



Comptroller of the Currency