

F09000002190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

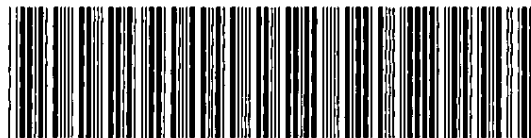
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RECEIVED
09 JUN -1 PM 1:41
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED
09 JUN -1 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 018259 4301969

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 87.50

ORDER DATE : May 28, 2009

ORDER TIME : 11:49 AM

ORDER NO. : 018259-005

CUSTOMER NO: 4301969

FOREIGN FILINGS

NAME: THE COMMERCE INSURANCE
COMPANY

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY

XXX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace -- EXT# 2928

EXAMINER: _____

**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. The Commerce 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. Massachusetts

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

3. 04-2495247

(FEI number, if applicable)

4. September 15, 1971

(Date of incorporation)

5. Perpetual

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

6. Not applicable

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

7. 211 Main Street, Webster, Massachusetts 01570

(Principal office address)

211 Main Street, Webster, Massachusetts 01570

(Current mailing address)

8. Reinsurance

(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: Chief Financial Officer

Office Address: 200 E. Gaines Street

Tallahassee

(City)

, Florida 32399-0000

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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

A. DIRECTORS

Chairman: Gerald Fels

Address: 211 Main Street

Webster, Massachusetts 01570

~~Vice Chairman~~ Randall V. Becker

Address: 211 Main Street

Webster, Massachusetts 01570

Director: Javier Fernandez-Cid

Address: 211 Main Street

Webster, Massachusetts 01570

Director: Andres Jimenez

Address: 211 Main Street

Webster, Massachusetts 01570

B. OFFICERS

CEO
~~President~~ Gerald Fels

Address: 211 Main Street

Webster, Massachusetts 01570

~~Vice President~~ Jaime Tamayo

Address: 211 Main Street

Webster, Massachusetts 01570

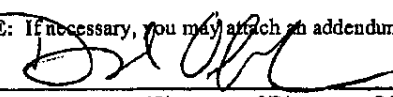
Secretary: Daniel P. Olohan

Address: 211 Main Street, Webster, Massachusetts 01570

Treasurer: Robert E. McKenna, Jr.

Address: 211 Main Street, Webster, Massachusetts 01570

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

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

14. Daniel P. Olohan, Secretary
(Typed or printed name and capacity of person signing application)

**ADDENDUM
TO
APPLICATION BY FOREIGN CORPORATION
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
SUBMITTED BY THE COMMERCE INSURANCE COMPANY**

12.

A. DIRECTORS

Henry T. Rowles
211 Main Street, Webster, Massachusetts 01570

Mark A. Shaw
211 Main Street, Webster, Massachusetts 01570

Domingo Sugranyes
211 Main Street, Webster, Massachusetts 01570

Jaime Tamayo
211 Main Street, Webster, Massachusetts 01570

Esteban Tejera
211 Main Street, Webster, Massachusetts 01570

B. OFFICERS

Randall V. Becker, Executive Vice President & Chief Financial Officer
211 Main Street, Webster, Massachusetts 01570

David H. Cochrane, Senior Vice President
211 Main Street, Webster, Massachusetts 01570

John W. Hawie, Senior Vice President & Chief Investment Officer
211 Main Street, Webster, Massachusetts 01570

Debra A. Mann, Senior Vice President
211 Main Street, Webster, Massachusetts 01570

Patrick J. McDonald, Senior Vice President
211 Main Street, Webster, Massachusetts 01570

Cathleen M. Moynihan, Senior Vice President
211 Main Street, Webster, Massachusetts 01570

Michael S. Sher, Assistant Vice President,
Assistant Secretary & Associate General Counsel
211 Main Street, Webster, Massachusetts 01570

John M. Meciak, Jr., Assistant Treasurer
211 Main Street, Webster, Massachusetts 01570



COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE

One South Station • Boston, MA 02110 - 2208
(617) 521-7794 • FAX (617) 521-7576
TTY/TDD (617) 521-7490
<http://www.mass.gov/doi>

BARBARA ANTHONY
UNDERSECRETARY OF CONSUMER AFFAIRS
AND BUSINESS REGULATION

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

GREGORY BIALECKI
SECRETARY OF HOUSING AND
ECONOMIC DEVELOPMENT

NONNIE S. BURNES
COMMISSIONER OF INSURANCE

Serial #: 000593271000
Effective Date: 5/29/2009
NAIC #: 34754
Federal ID #: 042495247

DOMESTIC COMPANY
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY THAT

Commerce Insurance Company

is duly organized under the laws of this Commonwealth, and that it is authorized under the Sections of Chapter 175 of the General Laws of Massachusetts and amendments thereto described by the following designations:

1 12 17 2A 4 51 54BX 6A 6B 6E 6F 6G 7

DESIGNATION CODES:

1	Fire	15	Reinsurance (Reinsurance Companies Only)
2A	Ocean & Inland Marine	16A	Life - All Kinds
2B	Inland Marine Only	16B	Group Life Only
4	Fidelity and Surety	16C	Variable Annuity Authorization
5A	Boiler	16D	Annuities Only
5B	Boiler (No Inspector)	16E	Variable Life Authorization
6A	Accident - All Kinds	17	Repair - Replacement
6B	Health - All Kinds	19	Legal Services
6C	Group Accident & Health	20	Credit Involuntary Unemployment
6D	Non-Can. Acc. & Health	51	Stock Companies >(Extension of coverage
6E	Workers' Compensation	54	Mutual Companies >not specified in Section 47)
6F	Liability other than Auto	54BX	Reinsurance except Life
6G	Auto Liability	54BY	Nuclear Energy
7	Glass	54BZ	Special Hazards
8	Water Damage and Sprinkler Leakage	54C	Comprehensive M.V. & Aircraft
9	Elevator Property Damage and Collision	54D	Personal Property Floater
10	Credit	54E	Dwellings
11	Title	54F	Commercial Property
12	Burglary, Robbery, Theft	54G	Reinsurance - Life Companies Only
13	Livestock		

This certificate shall remain in effect for an indefinite term unless said authority is amended or revoked in accordance with law.

Nonnie S. Burnes
Commissioner of Insurance