

F09000004544

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
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Phone : (850) 222-1092
Fax Number : (850) 878-5368

RE-SUBMIT

please retain original filing date of submission 11/16

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

See Cover Page

FOREIGN PROFIT/NONPROFIT CORPORATION

HSBC Insurance Services (USA) Inc.

Certificate of Status	0
Certified Copy	0
Page Count	057
Estimated Charge	\$70.00

EP 11/19/09

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09 NOV 16 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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09 NOV 18 AM 10:38
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



November 17, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: HSBC INSURANCE SERVICES (USA) INC.
REF: W09000050691

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: H09000242248
Letter Number: 209A00035788

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HSBC Insurance Services (USA) 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," or "Certificate of Good Standing" 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:

Brenda Fabula

Name of Person

HSBC Insurance Services

Firm/Company

200 Somerset Corporate Blvd., Suite 100

Address

Bridgewater, NJ 08807

City/State and Zip code

timothy.c.sparkowski@us.hsbc.com

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

For further information concerning this matter, please call:

Brenda Fabula

Name of Person

at (908) 203-2106

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 Cop ☐ \$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. HSBC Insurance Services (USA) Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Int.," "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. 13-3926000

(FBI number, if applicable)

4. 01/09/1997

(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. 452 Fifth Avenue, New York, NY 10018

(Principal office address)

8 East 40th Street, 4th Floor, New York, NY 10016

(Current mailing address)

8. Property and Casualty 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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(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.

CT Corporation System

By: _____

(Registered agent's signature)

Anthony LiCausi
Vice President

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

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

A. DIRECTORS

Chairman: SEE ATTACHED.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHED.

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

14. Robert D. Rotondi, Senior Vice President
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HSBC Insurance Services (USA) Inc.

Directors:

Patrick A. Cozza
Charles Compton
Carol Ranger

Address:

200 Somerset Corp. Blvd. Bridgewater, NJ
08807
200 Somerset Corp. Blvd. Bridgewater, NJ
08807
Bishops Court, 27-33 Artillery Lane,
London E1 7LP

Officers:

Title:

Address:

Patrick Cozza	President	200 Somerset Corp. Blvd. Bridgewater, NJ 08807
Charles Compton	Senior Vice President	200 Somerset Corp. Blvd. Bridgewater, NJ 08807
Robert D. Rotondi	Senior Vice President	200 Somerset Corp. Blvd. Bridgewater, NJ 08807
Craig Lassen	Senior Vice President	452 Fifth Ave., New York, NY 10018
John C. Lankes	Vice President	One HSBC Center, Buffalo, NY 14203
Bernard A. Mackara	Vice President	90 Christiana Rd., New Castle, DE 19720
Roberta Mitchell	Vice President	90 Christiana Rd., New Castle, DE 19720
Kenneth E. Pannell	Vice President	8 E. 40 th Str. Floor 4, NY, NY 10016
Michael R. Windstein	Vice President	8 E. 40 th Str. Floor 4, NY, NY 10016
Joseph R. Simpson	Treasurer	One HSBC Center, Buffalo, NY 14203
Anthony Del Piano	Secretary	200 Somerset Corp. Blvd. Bridgewater, NJ 08807
Jeffrey Medeiros	Assistant Secretary	200 Somerset Corp. Blvd. Bridgewater, NJ 08807
Helen Kulawa	Assistant Secretary	One HSBC Center, Buffalo, NY 14203
Pamela A. Pickel	Assistant Secretary	One HSBC Center, Buffalo, NY 14203
David Stachura	Assistant Secretary	One HSBC Center, Buffalo, NY 14203

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TALLAHASSEE, FLORIDA

State of New York
Department of State } **ss:**

I hereby certify, that the Certificate of Incorporation of HSBC INSURANCE SERVICES (USA) INC. was filed on 01/09/1997, under the name of TOWER MAINE CORP., 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.

A Certificate of Amendment TOWER MAINE CORP., changing its name to TOWER EMMONS CORP. , was filed 01/15/1999.

A Certificate of Amendment TOWER EMMONS CORP. , changing its name to HSBC INSURANCE SERVICES (USA) INC., was filed 08/25/2009.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 16th day of November
two thousand and nine.*

Daniel Shapiro
First Deputy Secretary of State

200911170379 * BZ

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TALLAHASSEE, FLORIDA