

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 876-5368

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

1851 Securities, Inc.

OP 5/22/10

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 08 |
| Estimated Charge | \$70.00 |

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 1851 Securities, 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:

Moira Lowe
Name of Person
Phoenix Life Insurance Company
Firm/Company
One American Row
Address
Hartford, CT 06102
City/State and Zip code
gale.delfino@phoenixwm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Moira Lowe at (860) 403-5725
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. 1851 Securities, Inc.

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

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

2. Delaware

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

3. 27-1619945

(FBI number, if applicable)

4. 01/06/2010

(Date of incorporation)

5. Perpetual

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

6. Upon Qualification

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

7. One American Row, Hartford, CT 06115

(Principal office address)

PO Box 5036, Hartford, CT 06102-5056

(Current mailing address)

8. Broker/Dealer

(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: C T 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.

By: [Signature]

C T Corporation System

(Registered agent's signature)

SALVINA AMENTA-GRAY
SPECIAL 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.

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

A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____
_____Director: Bonnie J. MalleyAddress: One American RowHartford, CT 06115Director: Peter A. HofmannAddress: One American RowHartford, CT 06115**B. OFFICERS SEE ATTACHMENT**President: Philip K. PolkinghornAddress: One American RowHartford, CT 06115

Vice President: _____

Address: _____
_____Secretary: John H. BeersAddress: One American Row, Hartford, CT 06115Treasurer: Susan L. GuazzoliAddress: One American Row, Hartford, CT 06115

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

13. Philip K. Polkinghorn

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

14. Philip K. Polkinghorn, President

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

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TALLAHASSEE, FLORIDA

**Attachment to Florida
Officers & Directors**

- | | | |
|---|-------------------|-----------------------|
| 1 | Full Name: | Kathleen A. McGah |
| | Officer/Director: | Officer |
| | Officer's Title: | Assistant Secretary |
| | Director's Title: | |
| | Business Address: | One American Row |
| | City: | Hartford |
| | State: | CT |
| | ZIP Code: | 06115 |
| 2 | Full Name: | John T. Mulrain |
| | Officer/Director: | Officer |
| | Officer's Title: | Assistant Secretary |
| | Director's Title: | |
| | Business Address: | One American Row |
| | City: | Hartford |
| | State: | CT |
| | ZIP Code: | 06115 |
| 3 | Full Name: | Gina C. O'Connell |
| | Officer/Director: | Officer |
| | Officer's Title: | Senior Vice President |
| | Director's Title: | |
| | Business Address: | One American Row |
| | City: | Hartford |
| | State: | CT |
| | ZIP Code: | 06115 |
| 4 | Full Name: | Philip K. Polkinghorn |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | President & CEO |
| | Director's Title: | Other Director |
| | Business Address: | One American Row |
| | City: | Hartford |
| | State: | CT |
| | ZIP Code: | 06115 |
| 5 | Full Name: | Thomas M. Buckingham |

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C T CORP SYS DC

202 572 9633 P.07

Officer/Director:

Director

Officer's Title:

Director's Title:

Other Director

Business Address:

One American Row

City:

Hartford

State:

CT

ZIP Code:

06115

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TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "1851 SECURITIES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF MAY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1851 SECURITIES, INC." WAS INCORPORATED ON THE SIXTH DAY OF JANUARY, A.D. 2010.

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TALLAHASSEE, FLORIDA

4773855 8300

100534150

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8003221

DATE: 05-19-10