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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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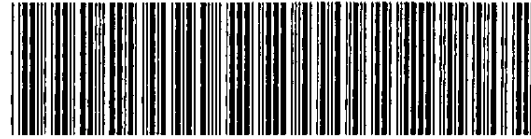
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
1/24/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Monroe Guaranty 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," 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:

Leslie Pike/Compliance Analyst

Name of Person

FCCI Insurance Group

Firm/Company

6300 University Parkway

Address

Sarasota, FL 34240

City/State and Zip code

ComplianceDept@fcci-group.com

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

For further information concerning this matter, please call:

Leslie Pike

Name of Person

at (941) 907-7624

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. Monroe Guaranty 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. Indiana 3. 35-1322669
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/21/1974 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. n/a- no business transacted by Monroe Guaranty Insurance Company in Florida
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 12800 North Meridian Street Suite 100 Carmel, IN 46032
(Principal office address)

6300 University Parkway Sarasota, FL 34240
(Current mailing address)

8. Property & Casualty Insurance Carrier
(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: Thomas A. Koval, SVP & General Counsel

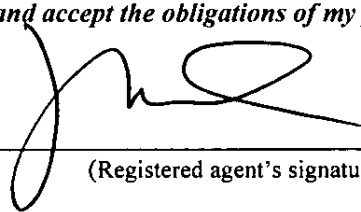
Office Address: 6300 University Parkway

Sarasota, FL, Florida 34240
(City) (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)

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: John Thomas Stafford ****(complete D&O listing attached)****

Address: 6300 University Parkway
Sarasota, FL 34240

Vice Chairman: n/a

Address: _____

Director: Gordon William Jacobs, Director

Address: 6300 University Parkway
Sarasota, FL 34240

Director: _____

Address: _____

B. OFFICERS

President: Craig Allan Johnson, Director, President and CEO

Address: 6300 University Parkway
Sarasota, FL 34240

Vice President: _____

Address: _____

Secretary: Thomas A. Koval, Senior Vice President, General Counsel & Secretary

Address: 6300 University Parkway Sarasota, FL 34240

Treasurer: Christopher Samir Shoucair, EVP, CFO & Treasurer

Address: 6300 University Parkway Sarasota, FL 34240

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Thomas A. Koval, SVP, General Counsel & Secretary

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

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MONROE GUARANTY INSURANCE COMPANY

John Thomas Stafford	Chairman
Robert Weld Benjamin	Director
Robert Winthrop Flanders	Director
Roy Allan Yahraus	Director
Charles Robert Baumann	Director
Marvin Stephen Haber	Director
Timothy Joseph Clarke	Director
Gordon William Jacobs	Director
Craig Allan Johnson	Director, President & CEO
Tracey John Pfab	Director, Senior Vice President
Christopher Samir Shoucair	Executive Vice President, CFO & Treasurer
Thomas Augustine Koval	Senior Vice President & Secretary
Joseph Anthony Keene	Executive Vice President
Rupert Lee Willis	Executive Vice President & Chief Regional Officer
Michelle Marie Jalbert	Vice President, Controller & Asst. Treasurer

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TALLAHASSEE, FLORIDA

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

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TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greetings:

I, Charles P. White, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

MONROE GUARANTY INSURANCE COMPANY

duly filed the requisite documents to commence business activities under the laws of State of Indiana on June 21, 1974, and was in existence or authorized to transact business in the State of Indiana on December 16, 2011.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Sixteenth Day of December, 2011.

Charles P. White

Charles P. White, Secretary of State

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