

F 1200004378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

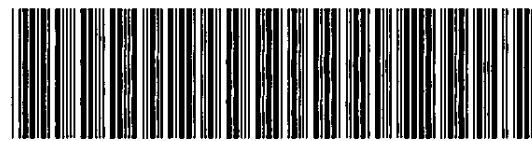
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500241048415

10/25/12--01019--013 ***70.00

12 OCT 25 AM 11:26
SEARCHED INDEXED SERIALIZED FILED
DIVISION OF CORPORATIONS

PS 10/26/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ABD Insurance and Financial Services, 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:

Jessica Salinas c/o Vertafore

Name of Person

ABD Insurance and Financial Services, Inc.

Firm/Company

7835 Woodland Drive

Address

Indianapolis, IN 46278

City/State and Zip code

agency@license-support.com

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

For further information concerning this matter, please call:

Jessica Salinas

Name of Person

at (800) 428-0469

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. ABD Insurance and Financial Services, Inc.

(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. Delaware 3. 27-0673528

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/28/2009 5. Perpetual

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

6. upon registration

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

7. 615 South DuPont Hwy, Dover, DE 19901

(Principal office address)

c/o Vertafore 7835 Woodland Drive, Indianapolis IN 46278

(Current mailing address)

8. Insurance sales and services

(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: C T Corporation System
John D. Low
(Registered agent's signature)

James 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

Chairman: Please see attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Please 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. _____

Kurt de Grotz
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. _____

Kurt de Grotz *President*

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

12 OCT 25
BUREAU OF STATE & COMMERCE
AM 11:26

ABD Insurance and Financial Services, Inc.
 Listing of Directors and Officers
 September 2012

Name	Title	Address		
Directors				
Kurt de Grosz		144 Sycamore Avenue, San Mateo, CA 64402	522-80-5151	5/1/1967
Brian Hetherington		1385 Monterey Blvd, San Francisco, CA 94127	071-48-4737	1/27/1966
Andrea Trudeau		1216 Rockhaven Drive, San Jose, CA 95120	571-53-7681	8/30/1964
Michael McCloskey		3300 Ameno Drive, Lafayette, CA 94549		
Officers				
Brian Hetherington	Chief Executive Officer (CEO)	1385 Monterey Blvd, San Francisco, CA 94127	071-48-4737	1/27/1966
Kurt de Grosz	President	144 Sycamore Avenue, San Mateo, CA 64402	522-80-5151	5/1/1967
Andrea Trudeau	Secretary	1216 Rockhaven Drive, San Jose, CA 95120	571-53-7681	8/30/1964
Michael McCloskey	Treasurer	3300 Ameno Drive, Lafayette, CA 94549	013-52-5364	9/11/50
Rod Sockolov	Executive Vice President	173 Hawthorne Dr, Atherton, CA94027	546-49-2863	6/27/1962
Darren Brown	Executive Vice President	214 Monte Carlo Way, Danville, CA 94506	564-45-6215	7/28/1971
Stephen Leveroni	Senior Vice President	225 3rd Ave, San Francisco, CA 94118	570-72-1085	7/18/1951
H. Michael Vreeburg	Senior Vice President	419 Beach Avenue, Half Moon Bay, CA 94019	555-84-0785	9/7/1950
Daniel Johndrow	Senior Vice President	700 Toulouse Ct, Half Moon Bay, CA 94019	561-64-8801	2/9/1948

12 OCT 25 AM 11:26
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

SEP 13 2012

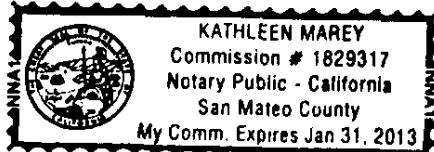
CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of San Mateo

On 07/30/2012 before me, Kathleen Marey, Notary Public

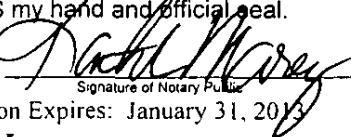
personally appeared Kurt deGrosz



Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature 

Signature of Notary Public

Commission Expires: January 31, 2013

Place Notary Stamp Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document

Description of Attached Document

Title or Type of Document State of Florida

Document Date 07/30/2012

Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- Individual
- Corporate Officer - Title(s):
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer Is Representing: _____

12 OCT 25 AM 11:26
NOTARY PUBLIC
STATE OF CALIFORNIA
EXPIRES JAN 31, 2013

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABD INSURANCE AND FINANCIAL SERVICES, 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 TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2012.

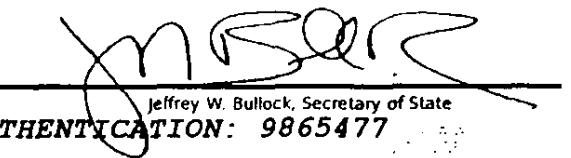
RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 OCT 25 AM 11:26

4714510 8300

121054864




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9865477

DATE: 09-24-12