

F14000005469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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12/29/14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Homesite Insurance Company of the Midwest

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:

Rebecca Buchanan-Mackie

Name of Person

Homesite Group Incorporated

Firm/Company

One Federal St., 4th Floor

Address

Boston, MA 02110

City/State and Zip code

lauren.johnson@homesite.com

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

For further information concerning this matter, please call:

Rebecca Buchanan-Mackie at (617) 832-1443

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

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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. **Homesite Insurance Company of the Midwest**

(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. **North Dakota**

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

3. **45-0282873**

(FEI number, if applicable)

4. **October 9, 1969**

(Date of incorporation)

5. **Perpetual**

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

6. **Has not transacted business in Florida to date**

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

7. **One Federal St., 4th Floor, Boston, MA 02110**

(Principal office address)

One Federal St., 4th Floor, Boston, MA 02110

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Corporation Service Company**

Office Address: **1201 Hays Street**

Tallahassee, Florida **32301**

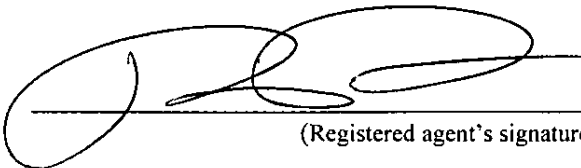
(City)

(Zip code)

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9. **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.



Dona L. Priebe, Assistant VP

(Registered agent's signature)

10. 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.

11. 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.

12. 

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.

13. **Maureen Fidler, Assistant Secretary**

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

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TALLAHASSEE, FLORIDA

Homesite Insurance Company of the Midwest
December 22, 2014

The address for all individuals listed below is: One Federal Street, 4th Floor, Boston, MA 02110.

Directors:

Fabian J. Fondriest, Chairman
Kenneth F. Flaherty
Michael D. Lorion
Andrew A. McElwee, Jr.
James T. Morahan, Jr.
Anthony M. Scavongelli
Mike T. Southworth
Samuel J. Witsman

Officers:

Fabian J. Fondriest	CEO
Andrew A. McElwee, Jr.	President
Christopher L. Conti	Senior Vice President
Michael D. Lorion	Senior Vice President and CFO
M. Grace Hanson	Senior Vice President
Anthony M. Scavongelli	Senior Vice President, General Counsel and Secretary
Peter B. Settel	Senior Vice President
Timothy R. Delfausse	Vice President
Anthony R. Giovannello, Jr.	Vice President
James T. Morahan, Jr.	Vice President
David M. Pfahler, Jr.	Vice President
Phaly S. Pichota	Vice President
Stephen D. Stayton	Vice President
Maureen Fidler	Assistant Secretary

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TALLAHASSEE, FLORIDA

State of North Dakota

SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING OF

HOMESITE INSURANCE COMPANY OF THE MIDWEST

The undersigned, as Secretary of State of the State of North Dakota, hereby certifies that HOMESITE INSURANCE COMPANY OF THE MIDWEST, a North Dakota INSURANCE COMPANY, was incorporated in this office on December 23, 1958 and, according to the records of this office as of this date, has paid all fees due this office as required by North Dakota statutes governing a North Dakota INSURANCE COMPANY.

ACCORDINGLY the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing to

HOMESITE INSURANCE COMPANY OF THE MIDWEST

Issued: December 15, 2014

A handwritten signature in cursive script, reading "Alvin A. Jaeger".

Alvin A. Jaeger
Secretary of State

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