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Office Use Only

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|-----------------|--|--|
| B.F. Saul Insurance, Inc. | | | |
| SUBJECT: Name of | corporation - | - must include suffix | |
| Dear Sir or Madam: | | | |
| The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate of above referenced foreign corporation to tra | of Good Stanc | ling" and check are sub | et Business in Florida," mitted to register the |
| Please return all correspondence concernin Yzza M. Ramos | g this matter | to the following: | |
| | Name of P | erson | 2019 |
| B. F. Saul Company | | | 019 MAR |
| | Firm/Comp | oany | 123 N = 27 |
| 7501 Wisconsin Avenue, Suite 1500 E | | | |
| | Addres | SS | 20 - |
| Bethesda, Maryland 20814 | | | 4: 07 |
| | City/State an | d Zip code | |
| yzza.ramos@bfsaul.com | | | |
| E-mail address: | (to be used fo | or future annual report n | otification) |
| For further information concerning this ma | tter, please ca | ill: | |
| Yzza M. Ramos | 301 t (| 986-6086 | |
| Name of Person | Area Code | Daytime Telepl | none Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | : | MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F | ection orporations |
| Enclosed is a check for the following amou | int: | | |
| ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Certificate of | | \$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.

| | orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.") | " "COMPANY," "CORPORATIO | ".N |
|----------------------------------|---|---|--------------------------|
| B.F. Saul Insura | nce Agency | | |
| (If name unavaila | able in Florida, enter alternate corporate name | adopted for the purpose of transacti | ing business in Florida) |
| Maryland | 3. | 54-0910358 | |
| | y under the law of which it is incorporated) | (FEI number, if a | pplicable) |
| October 18, 197 | | Perpetual | |
| (Date | of incorporation) | (Date of duration, if othe | er than perpetual) |
| | | | |
| · | (Date first transacted business (SEE SECTIONS 607.1501 & 607.1 | n Florida, if prior to registration) 502, F.S., to determine penalty liabi | ility) |
| 7501 Wisconsin / | Avenue, Suite 1500 E, Bethesda, Maryland 20 | R14 | |
| | | | |
| | | pal office address) | |
| | | | 2019 |
| | (Princi | | 2019 MAR |
| | (Princi | pal office address) ng address, if different) | 2019 MAR 20 PM 4: |
| . Name and <u>stree</u> Name: | (Princi (Current maili et address of Florida registered agent: (P. | pal office address) ng address, if different) | |
| 3. Name and <u>stree</u> | (Princi (Current maili et address of Florida registered agent: (P. Corporation Service Company | pal office address) ng address, if different) | 20 IE |

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.

Corporation Service Company

By: Lynn CanneLongo

(Registered agent's signature)

Lynn CanneLongo, AVP

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: ______ Vice Chairman: Address: ____ Jason Jones Director: 7501 Wisconsin Avenue, Suite 1500 E, Bethesda, Maryland 20814 Address: Christine Nicolaides Kearns Director: 7501 Wisconsin Avenue, Suite 1500 E. Bethesda, Maryland 20814 Address: B. OFFICERS Jason Jones President: 7501 Wisconsin Avenue, Suite 1500 E, Bethesda, Maryland 20814 Address: _ Jack Barse Vice President: 7501 Wisconsin Avenue, Suite 1500 E. Bethesda, Maryland 20814 Address: Merle F. Sustersich Secretary: 7501 Wisconsin Avenue, Suite 1500 E, Bethesda, Maryland 20814 Address: Joel A. Friedman Treasurer: _ 7501 Wisconsin Avenue, Suite 1500 E. Bethesda, Maryland 20814 Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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.

Jason Jones, President

B.F. SAUL INSURANCE, INC. Officers and Directors 2019

| Name | Title | |
|-----------------------------|--------------------------|--|
| B. Francis Saul II | Chairman of the Board | |
| Jason Jones | President | |
| Joel A. Friedman | Treasurer | |
| Christine Nicolaides Kearns | Senior Vice President | |
| Christopher H. Connolly | Senior Vice President | |
| Kerry Clune | Senior Vice President | |
| Karen Randazzo | Senior Vice President | |
| John Barse | Vice President | |
| Jean Satterfield | Assistant Vice President | |
| Kathryn Evans | Assistant Vice President | |
| Erik Bohn | Assistant Vice President | |
| Merle F. Sustersich | Secretary | |
| Kimberley J. Anderson | Assistant Secretary | |

| Directors |
|-----------------------------|
| B. Francis Saul II |
| Christine Nicolaides Kearns |
| Jason Jones |

2019 MAR 20 PM 4: 07

APPROVED AND FILED

STATE OF MARYLAND Department of Assessments and Taxation

I. MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT B.F SAUL INSURANCE, INC. (D00358978), INCORPORATED OCTOBER 18, 1971, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS. AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 26, 2019.

Michael L. Higgs

Director



SECKETARY OF STATE

301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 (Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

> Online Certificate Authentication Code: hHFr3IsRQEqgL4RGnmFiKg To verify the Authentication Code, visit http://dat.maryland.gov/verify

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. | F. Saul Insurar | nce, Inc. | " "COMPANY." "CORPORATION." | | |
|-------------|------------------|--|---------------------------------------|-----------------------|-------------|
| "In | ıс.," "Со" "Со | orp," "Inc," "Co," or "Corp.") | | | |
| | .F. Saul Insurar | • | | | |
| | | ble in Florida, enter alternate corporate name | | iness in Florida) | |
| 2. M | laryland | _ 3. | 54-0910358 | | |
| | State or country | under the law of which it is incorporated) | (FEI number, if applicat | ole) | |
| 4. O | ctober 18, 1971 | 5. | Perpetual | | |
| -, | (Date o | of incorporation) 5. | (Date of duration, if other than | perpetual) | |
| 6. | | | | 20 | |
| o, <u> </u> | | (Date first transacted business in | n Florida, if prior to registration) | 2019 HAR 21 | ; - |
| 750 | | (SEE SECTIONS 607.1501 & 607.1 venue, Suite 1500 E. Bethesda, Maryland 20 | 502, 1 in the determine penning money | 题 第 五 五 | ت ح |
| 7 | | | | <u> </u> | \tilde{z} |
| | | (Princi) | pal office address) | ¹¹ 유 구 - 1 | |
| | | | (6.10%) | <u></u> | |
| | | (Current maili | ng address, if different) | 80 | |
| | | | O. D NOT againtable) | - | |
| 8. Na | ime and street | address of Florida registered agent: (P. | 3. Box NOT acceptable) | | |
| | Name: | Corporation Service Company | | | |
| Office | e Address: | 1201 Hays Street | | | |
| | | Tallahassee | 32301 , Florida | | |
| | | (City) | (Zip code) | | |

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.

Corporation Service Company

By: Lyan Cannelongo

(Registered agent's signature)

Lynn CanneLongo, AVP

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.

A. DIRECTORS Chairman: Vice Chairman: ____ Address: __ Jason Jones Director: 7501 Wisconsin Avenue, Suite 1500 E. Bethesda, Maryland 20814 Address: Christine Nicolaides Kearns Director: 7501 Wisconsin Avenue, Suite 1500 E, Bethesda, Maryland 20814 Address: _ **B. OFFICERS** Jason Jones President: 7501 Wisconsin Avenue, Suite 1500 E, Bethesda, Maryland 20814 Jack Barse Vice President: 7501 Wisconsin Avenue, Suite 1500 E. Bethesda, Maryland 20814 Merle F. Sustersich Secretary: 7501 Wisconsin Avenue, Suite 1500 E, Bethesda, Maryland 20814 Address: Joel A. Friedman Treasurer: __ 7501 Wisconsin Avenue, Suite 1500 E, Bethesda, Maryland 20814 Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. Jason Jones, President

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

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

B.F. SAUL INSURANCE, INC. Officers and Directors 2019

| Name | Title |
|-----------------------------|--------------------------|
| B. Francis Saul II | Chairman of the Board |
| Jason Jones | President |
| Joel A. Friedman | Treasurer |
| Christine Nicolaides Kearns | Senior Vice President |
| Christopher H. Connolly | Senior Vice President |
| Kerry Clune | Senior Vice President |
| Karen Randazzo | Senior Vice President |
| John Barse | Vice President |
| Jean Satterfield | Assistant Vice President |
| Kathryn Evans | Assistant Vice President |
| Erik Bohn | Assistant Vice President |
| Merle F. Sustersich | Secretary |
| Kimberley J. Anderson | Assistant Secretary |

| Directors |
|-----------------------------|
| B. Francis Saul II |
| Christine Nicolaides Kearns |
| Jason Jones |

APPROVED
AND
FILED
2019 HAR 20 PH 4: 08
SEPTEMBER OF STATE

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

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IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 26, 2019.

Michael L. Higgs

Director



SECRULARY OF STATE TAIL AHASSET FLOORS

301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

> Online Certificate Authentication Code: hHFr3lsRQEqgL4RGnmFiKg To verify the Authentication Code, visit http://dat.maryland.gov/verify