Sommal Licensing Bureau

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Oena Brad Hab Wee Private

LITTLE ROCK, ARKANSAS 72207

(801) 864-8044 FAX (801) 864-8182

June 27, 1995

Secretary of State's Office Corporation Division 409 East Gaines Tallahassee, Florida 32399

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Dear Sir/Hadamı

Enclosed please find the necessary documents to qualify HomeVest Insurance Agency, Inc. to do business in your state.

I trust this letter and the enclosed documents places them in compliance with your Statutes. However, if any further action is required, please do not hesitate to contact me.

Thank you for your consideration of this filing.

Sincerely,

Cindi Abazajian

Initial Licensing Division

CA/jsb

Enclosures

DIVISION OF COMPORATION SECRETARY OF STATE OF COMPORATION OF COMPORATION OF COMPORATION OF COMPORATION OF COMPORATION OF COMPONING PROPERTY OF COMPONING P

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## 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. HomeVest Insurance a (Name of corporation: must in abbreviations of like import in	Agency, Inc.	CORPORATE	or, compa	NY", CORPOR	ATION" ar	words or	
abbreviations of like import in l or partnership if not so contain	anguage as will cle ed in the name at	iarly indicate ti present.)	natitis a co	rporation insta	ad of a nat	urai pers	ЮП
2. California (State or country under the law	of which it is incor	3.	94-3223 ( FEI num	3106 ber, if applicabl	le)		
4. April 14, 1995	5.	Perpetua	1				-
(Date of Incorporation)		(Duration:	Year corp. V	vill cease to ex	ist or "perp	S. S.	
6. <u>Upon qualification</u> (Date first transacted business	in Florida, /See se	ctions 607.15	01. 607. 1502	2. and 817.155.	ESI	S Jul	8
7. 580 California Stree		ogona com	<i>31,</i> 33, , , 44	<b>4</b> 0//2 0////	,,	구 # S	3,
7. 300 California Scree	: L			<u></u>		က် ဦ	<b>4</b>
San Francisco, CA 9	4104-1000					P	] <del>(</del> ] (
(C	urrent mailing add	ress)				ယူ	5
B. The corporation is p	resently in t	he busines	s of insu	rance, func	tioning	as an	<u>.</u>
(Purpose(s) of corporation a insurance agency.	uthorized in home	state or coun	try to be can	ned out in the s	state of Flo	rida)	
9. Name and street add:	ess of Florida	registered	agent:				
Name: _	Insurance (	Commissione	r				
Office Address:	Capitol		<u> </u>	<b></b>			
- 11 1			, Florida , _	32399-0300			
_				_	(Zip Cod	ie)	
10. Registered agent's a	cceptance:						
Having been named as reg	· · · · · · · · · · · · · · · · · · ·	nd to acced	t service i	of process fo	or the abo	ove sta	ted
cornoration at the place of	lesignated in th	is applicati	on, I here	by accept ti	he appoil	ntment	`as
registered agent and agree of all statutes relative to th	to act in this ca	apacity. I fu omolete ner	rther agrē formance	e to comply of my duties	with the p s. and La	provisio m fami	ons Ilar
with and accept the obligat	ions of my posi	ition as regis	stered age	nt.	., c., c		
	Insurance (	Commissione	r				
<del></del>	(Registered age	nt's signature)	.,	<del></del>			

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.

95 JUL -6 PH 3: 2

Vice Chairman:		 	
Address:	l <sub>a</sub>		
~uui 9331		 	

Address:

Director: \_\_\_\_\_\_

Director: \_\_\_\_\_\_

B. OFFICERS

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

Chairman: \_\_SEE\_ATTACHED

DIRECTORS

A.

### 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.

13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. <u>Dan. D. McConnell. President</u>
(Typed or printed name and capacity of person signing application)

#### HomeVest Insurance Agency, Inc.

#### Officers and Directors

Namo	Addrosa	Position			
Preston Martin	1896 Pacific Avenue San Francisco, CA 94109	Chairman of the Board, Director			
Robert A. Christie	1001 Bridgeway, Box 605 Sausalito, CA 94965	Vice Chairman of the Board, Dire	n of the Board, Director		
Dan D. McConnell	1405 Van Ness Avenue, Apt. 702 San Francisco, CA 94109	President & CEO, Director			
C. Earl Corkett	32 Fairway Place Haif Moon Bay, CA 94019	Executive Vice President, CFO, Treasurer and Secretary			
Harry E. Halgley	440 Davis Court, #2022 San Francisco, CA 94111	Senior Vice President	Si Si	SIAIO	
Ellen Hur t	1566 Silver Trail Napa, CA 94558	Vice President	9- Tilf	CRETARI	
Thomas J. McCluskey	123 Camino Pablo Orinda, CA 95631	Vice President	- PH မှ	T OF ST	
Steven M. Pavlak	14642 W. Trailway Lake Forest, IL 60045	Vice President	: 20	語語	
Gerald A. Timpone	404 Chandler West Highland, CA 92346	Vice President			
Fredric I. Heilbrunn	2934 Fulton Street San Francisco, CA 94118	Assistant Treasurer			
Lee H Barneson	214 S. Bristoi Avenue	Assistant Secretary			

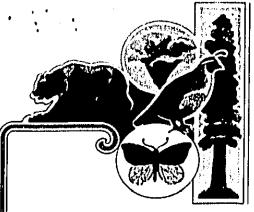
Assistant Secretary

Los Angeles, CA 90049

San Francisco, CA 94118

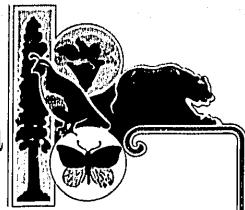
186 12th Avenue

Kimberly A. Haulk



# State of California

SECRETARY OF STATE



#### CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the	14th	day of	April		19_	95
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HOMEVEST INSURANCE AGENCY, INC.

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this 13th day of June, 1995

BILL JONES
Sceretary of State

SECRETARY OF STATE SOLVEIN OF CORPORATION

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