

F95000003482

PROGRESSIVE
200001515652
-06/16/95--01082--006
*****78.75 *****78.75

June 12, 1995

Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: CERTIFICATE OF STATUS
HALCYON INSURANCE COMPANY

Dear Sir/Madam:

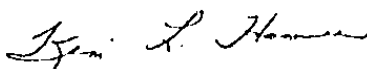
Please let this letter serve as formal request for a Certificate of Status for the the above referenced company. I have enclosed the following documentation.

1. An original Certificate of Compliance.
2. Application by Foreign Corporation for Authorization to Transact Business in Florida.
3. Draft in the amount of \$78.75.

If you need additional information please feel free to contact me at (216) 446-7784 or toll free at (800) 321-9843, extension 7784.

Sincerely,

PROGRESSIVE CASUALTY INSURANCE COMPANY



Kim L. Hammer
Legal Specialist

7/20
95 JUL 20 PM 12:30
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:**

1. Halcyon Insurance Company
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Ohio 3. 34-1624319
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/29/86 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. P.O. Box 5070
Cleveland, Ohio 44101 Attn: Law Department
(Current mailing address)
8. Insurance Business
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:
Name: Insurance Commissioner
Office Address: Capitol
Tallahassee, Florida, 32399-0300
(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.

Insurance Commissioner
(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 addresses of officers and/or directors:

A. DIRECTORS See Attachment

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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SECRETARY OF DEFENSE
DIVISION OF RESEARCH

95 JUL 20 PM 12:31

B. OFFICERS See Attachment

President: _____

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.

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

14.

David M. Schneider
(Typed or printed name and capacity of person signing application)

DIRECTORS

Patricia O. Bomar
6140 Parkland Blvd.
Mayfield Heights, Ohio 44124

Milo C. Bolender
6140 Parkland Blvd.
Mayfield Heights, Ohio 44124

John M. Davion
6140 Parkland Blvd.
Mayfield Heights, Ohio 44124

Kathryn M. Lomieux
5875 Landerbrook Drive, Suite 100
Mayfield Heights, Ohio 44124

William A. White
6140 Parkland Blvd.
Mayfield Heights, Ohio 44124

OFFICERS

Peter B. Lewis, Chairman
6300 Wilson Mills Road
Mayfield Village, Ohio 44143

John M. Davies, President
6140 Parkland Blvd.
Mayfield Heights, Ohio 44124

David M. Schneider, Secretary
6300 Wilson Mills Road
Mayfield Village, Ohio 44143

Patricia O. Bomar, Treasurer
6140 Parkland Blvd.
Mayfield Heights, Ohio 44124

Kathleen M. Cerny, Asst. Secretary
6300 Wilson Mills Road
Mayfield Village, Ohio 44143

Charles B. Chokel, Asst. Treasurer, AVP
6300 Wilson Mills Road
Mayfield Village, Ohio 44143

Janet A. Dolohanty, Asst. Treasurer, AVP
6300 Wilson Mills Road
Mayfield Village, Ohio 44143

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SECRETARY OF STATE
DIVISION OF REVENUE
95 JUL 20 PM 12:30

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE.

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I, Bob Taft, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations and miscellaneous filings; that said records show ITALYCON INSURANCE COMPANY, an Ohio Corporation, Charter No. 687726, principal location in Mayfield Village, County of Cuyahoga, incorporated on September 29, 1986, is currently in GOOD STANDING upon the records of this office.

FILED
SECRETARY OF STATE
DIVISION OF RECORDS
95 JUN 20 PM 12:30



WITNESS my hand and official
seal at Columbus, Ohio this
27th day of June, A.D. 1995

Bob Taft

Bob Taft
Secretary of State