

Document Number Only

F96000004795

CORPORATION(S) NAME

~~09/18/2006~~-----~~01045~~---~~011~~

KeyCorp Insurance Agency USA Inc.

5/21/88 PM 12:35

SECRETARY OF STATE
DIVISION OF CORPORATIONS

VR
9/18

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Foreign | | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership | | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

9/18/96

RECEIVED
96 SEP 18 AM 11:03
DIVISION OF CORPORATION

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
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. KeyCorp Insurance Agency USA Inc.
(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. Washington
(State or country under the law of which it is incorporated)
3. 91-1726902
(FEI number, if applicable)
4. June 3, 1996
(Date of incorporation)
5. Perpetual
(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 817.156, F.S.))
7. 1101 Pacific Avenue, Tacoma, Washington 98402

(Current mailing address)
8. To sell all forms of life, health, accident and property and casualty insurance.
(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: C T Corporation System
Office Address: c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida, 33324
(Zip Code)
10. Registered agent 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 obligation of my position as registered agent.

C T Corporation System


(Registered agent's signature) (Officer)

Gil S. Apellis, Asst., Secretary

(Type Name and Title of Officer)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 SEP 18 PM 12:35

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

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: see attached list of directors

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: see attached list of officers

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

14. William J. Blake, Secretary
(Typed or printed name and capacity of person signing application)

Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Directors of
KeyCorp Insurance Agency USA Inc.**

1. David B. Jarvis
127 Public Square
Cleveland, Ohio 44114-1306
2. Roger F. Forystek
127 Public Square
Cleveland, Ohio 44114-1306
3. Michael D. Hellyar
127 Public Square
Cleveland, Ohio 44114-1306
4. Robert Jones
127 Public Square
Cleveland, Ohio 44114-1306
5. Jack L. Kopnisky
127 Public Square
Cleveland, Ohio 44114-1306

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
56 SEP 18 PM 12:35

Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Officers of
KeyCorp Insurance Agency USA Inc.**

1. William J. Blake, Secretary
127 Public Square
Cleveland, Ohio 44114-1306
2. David B. Jarvis, President
127 Public Square
Cleveland, Ohio 44114-1306
3. Roger F. Forystek, Vice President
127 Public Square
Cleveland, Ohio 44114-1306
4. Michael D. Hellyar, Senior Vice President
127 Public Square
Cleveland, Ohio 44114-1306
5. Brian J. Jenner, Vice President
127 Public Square
Cleveland, Ohio 44114-1306
6. Robert E. Lagasse, Treasurer
127 Public Square
Cleveland, Ohio 44114-1306
7. Joseph P. Kerr, Asst. Vice President
127 Public Square
Cleveland, Ohio 44114-1306
8. Steven N. Bulloch, Asst. Secretary
127 Public Square
Cleveland, Ohio 44114-1306
9. Daniel J. Foley, Vice President
1101 Pacific Avenue
Tacoma, Washington 98402

STATE of WASHINGTON



SECRETARY of STATE

I, **RALPH MUNRO**, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this certificate that according to the records on file in this office,

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

KEYCORP INSURANCE AGENCY USA INC.

I **FURTHER CERTIFY** that the records on file in this office show that the
above named profit corporation was formed under the laws of the
State of Washington and was issued a certificate of incorporation
in Washington on June 3, 1996.

I **FURTHER CERTIFY** that as of the date of this certificate, no Articles of Dissolution
has been filed, and that the corporation is duly authorized to
transact business in the corporate form in the State of Washington.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP 18 PM 12:35



Date: September 6, 1996

Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

RALPH MUNRO

Ralph Munro, Secretary of State
L. Tornow