

# F97000005936

## TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS

600002330606--5  
-10/27/97--01139--002  
\*\*\*\*\*236.25 \*\*\*\*\*78.75

SUBJECT: USF&G Insurance Company of Mississippi  
(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", 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:

Peggy Pokusa  
(Name of Person)  
USF&G  
(Firm/Company)  
6225 Centennial Way LB 0204  
(Address)  
Baltimore, MD 21209  
(City, State and Zip Code)

*W97-24446*

Should you need to call someone concerning this matter, please call:

Peggy Pokusa at ( 410 ) 205-1337  
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:  
Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:  
Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 NOV 10 PM 1:47  
*11/10*



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

October 28, 1997

PEGGY POKUSA  
USF&G  
6225 CENTENNIAL WAY - LB 0204  
BALTIMORE, MD 21209

SUBJECT: USF&G INSURANCE COMPANY OF MISSISSIPPI  
Ref. Number: W97000024446

We have received your document for USF&G INSURANCE COMPANY OF MISSISSIPPI and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

A brief description of the entity's nature of business must be included in the document.

Please complete the enclosed 2nd page of the application and have an officer/director sign section 13.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6092.

Hart Collins  
Senior Corporate Section Administrator

Letter Number: 197A00052215

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. USF&G Insurance Company of Mississippi  
(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. Mississippi  
(State or country under the law of which it is incorporated)
3. 52-1850698  
(FEI number, if applicable)
4. November 30, 1993  
(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 817.155, F.S.))
7. 6225 Centennial Way  
Baltimore, Maryland 21209  
(Current mailing address)
8. P&C Insurance for small 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.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 NOV 10 PM 1:57

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: Kim Rich

Address: 6225 Centennial Way, Baltimore, MD 21209

Vice Chairman: N/A

Address: \_\_\_\_\_

Director: Jack E. Christopher

Address: 143 LeFleurs Square, Jackson, MS 39211-5525

Director: Anthony D. Everett

Address: 143 LeFleurs Square, Jackson, MS 39211-5525

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: Anthony D. Everett

Address: 143 LeFleurs Square, Jackson, MS 39211-5525

Vice President: Mark S. Allen

Address: 143 LeFleurs Square, Jackson, MS 39211-5525

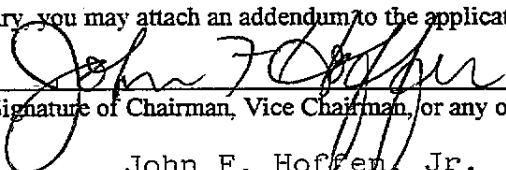
Secretary: John F. Hoffen, Jr.

Address: 6225 Centennial Way, Baltimore, MD 21209

Treasurer: Ron C. Mishler

Address: 6225 Centennial Way, Baltimore, MD 21209

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. John F. Hoffen, Jr. Secretary  
(Typed or printed name and capacity of person signing application)

# State of Mississippi

Secretary of State's Office

Eric Clark

Secretary of State  
Jackson, Mississippi

## CERTIFICATE

I, Eric Clark, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify as follows:

That on November 30, 1993, the State of Mississippi issued a charter to **USF&G INSURANCE COMPANY OF MISSISSIPPI**.

That the registered office of said corporation is located at 143 Lefleurs SQ, Jackson, Mississippi, and the registered agent at that address is Anthony D. Everett.

That insofar as the records of this office are concerned, the said **USF&G INSURANCE COMPANY OF MISSISSIPPI** is in good standing at this time.

Given under my hand  
and seal of office  
October 13, 1997

*Eric Clark*

Eric Clark  
Secretary of State



FILED  
NOV 10 PM 1:47  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE