

December 8, 1997

VIA UPS OVERNIGHT MAIL

Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

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Re:

Application of Mellon Insurance Agency, Inc. for Authorization to Transact Business in Florida

Dear Sir/Madam:

Please find the enclosed Application by Foreign Corporation for Authorization to Transact Business in Florida, together with the required Good Standing Certificate, for Mellon Insurance Agency, Inc. to be filed with the Florida Division of Corporations. Payment of the filing fee in the amount of \$70.00 is also enclosed.

Kindly return evidence of filing to my attention at the above address:

Should you have any questions or require additional information, please me at the above telephone number.

Very truly yours,

W. Michael Fortson

Paralegal

Enclosures

cc: Ms. Virginia Alquist (w/encls.)

Jonathan L. Levin, Esquire (w/encls.)

Carolyn P. Reichenbach, Esquire (w/encls.)

Harrisburg, PA

McLean, VA

Newark, NJ

New York, NY

Pittsburgh, PA

Princeton, NJ

Washington, DC

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	Mellon Insurance Agency, Inc. (Name of corporation: must include the word "INCORPORATED", "COMPANY", abbreviations of like import in language as will clearly indicate that it is a corpor or partnership if not so contained in the name at present.	, "COR ation in	PORATION or words or instead of a natural person	 n
2	(State or country under the law of which it is incorporated) (FEI number, if		سسبب سيزنيني	_
4	. March 9, 1976 (Date of Incorporation) 5. Perpetual (Duration: Year corp. will ce	ase to	eviet or "perpetual")	_
	None as of yet (Date first transacted business in Florida. (See sections 607.1501, 607.1502, a			_
	345 East Eighth Avenue, Homestead, PA 15120 (Current mailing address) To conduct the business of an insurance agent of, or broof insurance.	oker :	for, all types	_
(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: (P.O. Box or Mail Drop Box NOT acceptable) Name: C T Corporation				
	Office Address: 1200 S. Pine Island Road		_	
	Plantation , Flo	orida,	33324 (Zip Code)	
H C re O	O. Registered agent's acceptance: Alaving been named as registered agent and to accept service of presorporation at the place designated in this application, I hereby a segistered agent and agree to act in this capacity. I further agree to all statutes relative to the proper and complete performance of moving the proper to a segistered agent. DOMENIC A. BORRIEI	rocess accept comp ny dut	s for the above state t the appointment a ply with the provision	วร วร

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.

Assistant Vice President

14.

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: See attached officers/directors rider Address: Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS (Street address only- P.O. Box NOT acceptable) See attached officers/directors rider 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. (Signature of Chairman, Vioe Chairman, or any officer listed in number 12 of the application.) Michael L. Malloy, President

MELLON INSURANCE AGENCY, INC.

ATTACHMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

•	Michael L. Malloy
	345 East Eighth Avenue
	Homestead, PA 15120-1585

Patrick J. Ballintine
 345 East Eighth Avenue
 Homestead, PA 15120-1585

Margaret Donahue
 345 East Eighth Avenue
 Homestead, PA 15120-1585

Brian E. Fletcher
 345 East Eighth Avenue
 Homestead, PA 15120-1585

William E. Harms
 345 East Eighth Avenue
 Homestead, PA 15120-1585

Jean Koleski
 345 East Eighth Avenue
 Homestead, PA 15120-1585

 David R. Leng 345 East Eighth Avenue Homestead, PA 15120-1585

John D. Ulrich
 345 East Eighth Avenue
 Homestead, PA 15120-1585

 Virginia E. Alquist 345 East Eighth Avenue Homestead, PA 15120-1585

 Barbara J. Whiteman 345 East Eighth Avenue Homestead, PA 15120-1585 President/Director

Vice President/Diff

Vice President/Director

Vice President/D (Inactive)

Vice President/Director

Vice President/Director

Asst. Vice President/Director

Treasurer/Director (Inactive)

Secretary/Director (Inactive)

Asst. Secretary/Director (Inactive)



COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

NOVEMBER 21, 1997

97 DEC -9 PM 4: 16
SECRETARY OF STAIL
TALLAHASSEE, FLORIDA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

MELLON INSURANCE AGENCY, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year aboys written.

Secretary of the Commonwealth

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