

F99000001717

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)
1406 Hays Street, Suite 2
(Address)
Tallahassee, FL 32301 (904) 656-3992
(City, State, Zip) (Phone #)

OFFICE USE ONLY

400002825154--0
-03/31/99--01050--007
*****78.75 *****78.75

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Essex National Insurance Agency, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

Walk in Pick up time 3:31 Certified Copy
 Mail out Will wait Photocopy Certificate of Status

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 31 AM 8:16
1/6 2/1
99-7119

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark

RECEIVED
99 MAR 31 AM 11:02



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 31, 1999

CAPITOL SERVICES

SUBJECT: ESSEX NATIONAL INSURANCE AGENCY, INC.
Ref. Number: W99000007719

We have received your document for ESSEX NATIONAL INSURANCE AGENCY, INC. 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.)

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: 799A00016293

**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. Essex National Insurance Agency, 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. New York
(State or country under the law of which it is incorporated)
3. 13-4048160
(FEI number, if applicable)
4. 7/14/98
(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. c/o Essex Corporation, 825 Third Avenue, New York, NY 10022
(Current mailing address)
8. Financial Marketing of annuities, life insurance & securities through banks.
(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: NATIONAL CORPORATE RESEARCH, LTD., INC.

Office Address: 1406 Hays Street, Suite #2

TALLAHASSEE, Florida, 32301
(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.


(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.

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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: _____

Address: _____

Vice Chairman: _____

Address: _____

SEE ATTACHED

Director: _____

Address: _____

Director: _____

Address: _____

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

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

SEE ATTACHED

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

14. Frederick S. Nicholas III, President
(Typed or printed name and capacity of person signing application)

Essex National Insurance Agency, Inc.
Officer Listing

<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>
Kevin E. Crowe	825 Third Avenue New York, NY 10022	Chairman, CEO
Frederick S. Nicholas III	825 Third Avenue New York, NY 10022	President
Gregory G. Zytowicz	825 Third Avenue New York, NY 10022	VP / Secretary
Craig McCulloch	215 Gateway Road West Napa, CA 94558	Vice President
Tim Stoddart	825 Third Avenue New York, NY 10022	Vice President
Jeffery D. Powell	215 Gateway Road West Napa, CA 94558	VP – Corporate Compliance Manager / Asst. Secretary
Elisa Lanthier	825 Third Avenue New York, NY 10022	Treasurer / Controller
Melissa Romano	825 Third Avenue New York, NY 10022	Assistant Treasurer

Director Listing

<u>NAME</u>	<u>ADDRESS</u>
Kevin E. Crowe	825 Third Avenue New York, NY 10022

State of New York } ss:
Department of State

I hereby certify, that the certificate of incorporation of ESSEX NATIONAL INSURANCE AGENCY, INC. was filed on 07/14/1998, under the name of ESB AGENCY, INC., with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

A Certificate of Amendment ESB AGENCY, INC., changing name to ESSEX NATIONAL INSURANCE AGENCY, INC., was filed 03/17/1999.



Witness my hand and the official seal of the Department of State at the City of Albany, this 25th day of March one thousand nine hundred and ninety-nine.

A handwritten signature in cursive script, appearing to read "J. Leub", written in black ink.

Special Deputy Secretary of State

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