F99000000004992

To:

Qualification/Tax Lien Section

Divisi	on of Corporations
SUBJECT:	Citicorp Insurance Agency, Inc.
5,020.202.	(Name of corporation - must include suffix)
Dear Sir or Ma	adam:
"Certificate of	'Application by Foreign Corporation for Authorization to Transact Business in Florida', Existence', and check are submitted to register the above referenced foreign corporation iness in Florida.
Please return a	all correspondence concerning this matter to the following: 900029965499 -03/24/3901071007
	Richard M. Zuckerman *****78.08 *****70.80
	(Name of Person)
	Citicorp Insurance Agency, Inc.
	Mail: P.O. Box 7031, Dover, DE 19903 Courier: 800 Silver Lake Blvd., Dover, DE 19904 (Address)
-	(City/State/Zip) red to call someone concerning this matter, please call: Name Availabilit Name Availabilit Name Availabilit
(Nam	e of Person) (Area Code & Daytime Telephone Number)
STREET AD	Der Lee
Qualification/ Division of Co 409 E. Gaines Tallahassee, F	St. P.O. Box 6327
Enclosed is a	check for the following amount:
₩ \$70.00 Fili	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	E WITH SECTION 607.1503, FLORIDA STA REIGN CORPORATION TO TRANSACT BU		TED TO	
	rp Insurance Agency, Inc.			
(Name of corpor words or abbrev	ation; must include the word "INCORPORATEI ations of like import in language as will clearly it partnership if not so contained in the name at pr	ndicate that it is a corporation instead of a		- 1 1 1.44
2. Delaware		3. 13 - 3668998		
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)		
4. May 6, 19	992 – Perp	etual		
(Date	of incorporation) (Durati	ion: Year corp. will cease to exist or "perpetua	al")	
6. As soon a	s possible			
(Date first	transacted business in Florida.) (SEE SECTIONS	S 607.1501, 607.1502 and 817.155, F.S.)		······································
7. Courier:	800 Silver Lake Blvd, Dover, DE	19904		
Mail: P.	0. Box 7031, Dover, DE 19903			
······································	(Current mailing address)		
8Insurance	agency		- (A) - (A)	
(Purpose(s) of corporation authorized in home state or coun	ntry to be carried out in state of Florida)	3 8	
9. Name and stre	et address of Florida registered agent: (F	P.O. Box or Mail Drop Box NOT acceptal	ble) P	<u> </u>
Name: _	C T Corporation System		+ 14	Γ Π
Office Address:	1200 South Pine Island Rd.			.
_	Plantation	, Florida, 33324	3	
_		(Zip code)		
Having been named this application, I h with the provisions	gent's acceptance: I as registered agent and to accept service of proceed accept the appointment as registered agent of all statutes relative to the proper and complet y position as registered agent. Bonne A. Sch	nt and agree to act in this capacity. I further to performance of my duties, and I am familied	agree to co	omply
	(Registered agent's sign	aature)		
11. Attached is a ce	rtificate of existence duly authenticated, not more	e than 90 days prior to delivery of this applicat	ion 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

1122

which it is incorporated.

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

	FORS (Street address only - P.O. Box NOT acceptable) N/A	
Chairman: _		
Address:		<u> </u>
	M/A	4
Vice Chairm		
Address:		
Director:	Alan F. Liebowitz	
Address:	800 Silver Lake Blvd.	- T-
	Dover, DE 19904	
Director:	Charles H. Masland, IV	
Address:	800 Silver Lake Blvd.	
	Dover. DE 19904	
B. OFFICE	ERS (Street address only - P.O. Box NOT acceptable)	
President:	Alan F. Liebowitz	<u> </u>
Address:	800 Silver Lake Blvd.	္ ျပည္းစ္
	Dover, DE 19904	
Vice Presiden Asst. Sec'	Richard M. Zuckerman	22 -
Address:		
	Dover, DE 19904	<u> </u>
Secretary:	Rosemary L. Lombardi	
Address:	800 Silver Lake Blvd.	
	Dover, DE 19904	
Treasurer:	Walter C. Smith, Jr.	18 g ² - 2 - 25 - 2
ice Pres. Address:	800 Silver Lake Blvd.	
	Dover, DE 19904	
NOTE: If no	ecessary, you may attach an addendum to the application listing additional off	
13.	Sucher Guckerwa	···
	(Signature of Chairman, Vice Chairman, or any officer listed in number 1	2 of the application)
14	Richard M. Zuckerman, Vice President and Assista (Typed or printed name and capacity of person signing a	

Item 12. Names and addresses of officers and/or directors (cont.)

Directors

Larry D. Williams 800 Silver Lake Blvd. Dover, DE 19904

Officers

Barbara S. Drake 800 Silver Lake Blvd. Dover, DE 19904

Silver Lake Blvd.

Tammy M. Espino 800 Silver Lake Blvd. Dover, DE 19904

Assistant Vice President

Susan G. Grebe 800 Silver Lake Blvd. Dover, DE 19904 Assistant Secretary

Vice President

Karen A. Gritton 800 Silver Lake Blvd. Dover, DE 19904

Vice President

Howard Hammond 800 Silver Lake Blvd. Dover, DE 19904

Assistant Vice President

Charles H. Masland, IV 800 Silver Lake Blvd. Dover, DE 19904

Senior Vice President

Eric S. Miller 800 Silver Lake Blvd. Dover, DE 19904

Vice President

Catherine S. Mulholland 800 Silver Lake Blvd. Dover, DE 19904

Senior Vice President and General Counsel

Nancy J. Nechay 800 Silver Lake Blvd. Dover, DE 19904

Assistant Secretary

Roberta G. Thomas 800 Silver Lake Blvd. Dover, DE 19904

Assistant Vice President and Assistant Secretary

Larry D. Williams 800 Silver Lake Blvd. Dover, DE 19904

Senior Vice President

State of Delaware

Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CITICORP INSURANCE AGENCY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF SEPTEMBER, A.D. 1999.

Edward J. Freel, Secretary of State

AUTHENTICATION:

2296880 8300

DATE:

9964189

991375146

09-10-99