

# F99000005019

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: COVERNA DIRECT INSURANCE AGENCY, INC.  
(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:

SUSAN GRIMES  
(Name of Person) 000002997230-4  
-09/27/99-01058-006  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

COVERNA  
(Firm/Company)

520 PARK AVENUE  
(Address)

BALTIMORE, MD 21201  
(City/State/Zip)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUSAN GRIMES at (410) 209-5483  
(Name of Person) (Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee     \$78.75 Filing Fee & Certificate of Status     \$78.75 Filing Fee & Certified Copy     \$87.50 Filing Fee, Certificate of Status & Certified Copy

JB  
9-29-99

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. COVERNA DIRECT 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. MARYLAND (State or country under the law of which it is incorporated) 3. (FBI number, if applicable)

4. 5/28/99 (Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")

6. WHEN APPROVED (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 520 PARK AVENUE BALTIMORE MD 21201 (Current mailing address)

8. MARKETING OF INSURANCE PRODUCTS (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT accepted) Name: CT CORPORATION SYSTEM Office Address: 1200 S. PINE ISLAND RD. PLANTATION, Florida, 33324 (Zip code)

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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.

X Bonni A Schuman (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.

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: \_\_\_\_\_

Director: PATRICK S. BAIRD

Address: 4333 EDGEWOOD RD NE

CEDAR RAPIDS, IA 52499

Director: CRAIG D. VERMIE

Address: 4333 EDGEWOOD RD NE

CEDAR RAPIDS, IA 52499

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

President: BRIAN SMITH

Address: 20 MOORES RD

FRAZER, PA 19355

Vice President: DAVID G. REKOSKI

Address: 520 PARK AVENUE

BALTIMORE MD 21201

Secretary: PAUL C. LATCHFORD

Address: 520 PARK AVENUE

BALTIMORE, MD 21201

Treasurer: MARTHA A. MCCONNELL

Address: 520 PARK AVE

BALTIMORE, MD 21201

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. PAUL C. LATCHFORD, SECRETARY

(Typed or printed name and capacity of person signing application)

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**STATE OF MARYLAND**  
**Department of Assessments and Taxation**

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT COVERNA DIRECT INSURANCE AGENCY, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 02, 1999.



Paul B. Anderson  
Charter Division

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



301 West Preston Street, Baltimore, Maryland 21201  
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 0000320074  
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice  
Fax (410) 333-7097