

NO300000/4/4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

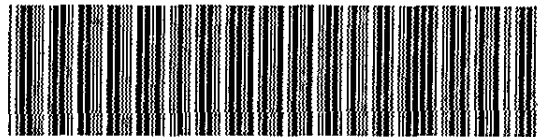
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2003 MAY -2 PM 12:49
TALLAHASSEE, FLORIDA

J. BRYAN MAY - 5 2003



Kwong L. Yiu
Manager, U.S. Paralegal Services
Phone: (416) 926-6313
Fax: (416) 926-5403
E-mail: Kwong_yiu@manulife.com

April 30, 2003

By UPS

Registration Section
Division of Corporations
490 E. Gaines St.
Tallahassee, FL 32399

Dear Sir or Madam:

Re: Avon Long Term Care Leaders LLC
Application for Authorization to transact business in Florida

We are in the process of making an application to Florida Department of Insurance for Avon Long Term Care Leaders LLC ("Avon"), a limited liability company formed pursuant to the laws of Delaware, to be licensed as a Third Party Administrator to provide administrative services to insurers offering long term care insurance to residents of Florida.

Enclosed please find the following documents in connection with an application by Avon for authorization to transact business in Florida:

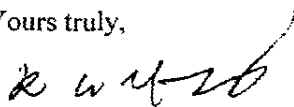
1. Application for Registration by Foreign LLC
2. Certificate of Designation of Registered Agent
3. An original Certificate of Existence issued by Delaware Secretary of State dated 04/16/2003
4. Our check for \$160 payable to Florida Department of State for the total amount of the filing fee and one certified copy of the registration and one Certificate of Status.

Upon completion of registration, please provide us with a letter of acknowledgement, along with one certified copy of the registration and one Certificate of Status by mailing same to:

Manulife Financial
Attn: Kwong Yiu, ST-7
200 Bloor St. East
Toronto, Ontario M4W 1E5
CANADA

Thank you for attention to this matter, and if you have any questions, please contact me by telephone (416) 926-6313.

Yours truly,


Kwong L. Yiu
/mh

Encl.

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Avon Long Term Care Leaders LLC
(Name of foreign limited liability company)
2. Delaware 3. 76-0730101
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. February 3, 2003 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
- Business will not be commenced until a license to conduct business as an administrator is issued by the Florida
6. Department of Insurance
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 30 Tower Lane, Avon, Connecticut 06001
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:

Gary L. Corliss	Manager and President, Avon Long Term Care Leaders LLC <u>30 Tower Lane, Avon, Connecticut 06001</u>
Robert A. Cook	Manager, Avon Long Term Leaders LLC <u>73 Tremont St., Boston, Massachusetts 02108</u>
Steven Mannik	Manager, Avon Long term Leaders LLC <u>200 Bloor St. East, Toronto, Ontario M4W 1E5</u>

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: To provide administrative
services to insurers offering long term care insurance to residents of Florida

Gary L. Corliss
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Gary L. Corliss, President

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Avon Long Term Care Leaders LLC

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System

(Name)

c/o C T Corporation System, 1200 South Pine Island Road

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Plantation,

FL

33324

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

C T Corporation System

By: 

(Signature)

Robin LaPeters
Assistant Secretary

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED
2008 MAY -2 PM 12:49
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

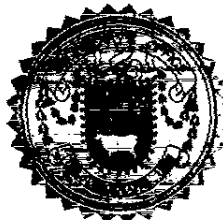
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AVON LONG TERM CARE LEADERS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF APRIL, A.D. 2003.

FILED
2003 MAY -2 PM 12:49
DELAWARE SECRETARY OF STATE
HARRIET SMITH WINDSOR
TALLAHASSEE, FLORIDA



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3621350 8300

AUTHENTICATION: 2368479

030249249

DATE: 04-16-03