TRANSMITTAL LETTER

N00000003005

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: TAMPA BAY UNDERWRITING + CLAIMS ASSOCIATION INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

600003238246--1
-05/03/00--01132--010
*****78.75 *****78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ $70.00 Filing Fee	☑ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FILED
00 MAY -3 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: MATT PITTARELLI
Name (Printed or typed)

C/O NEW YORK LIFE INSURANCE CO.
5505 W. CYPRESS ST.
Address

TAMPA FL 33607
City, State & Zip

(813) 288-5509
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

gk 5/5

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: TAMPA BAY UNDERWRITING + CLAIMS ASSOCIATION INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

NEW YORK LIFE INSURANCE COMPANY
5505 W CYPRESS ST, SUITE 200
TAMPA FL 33607

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE purpose is to provide CONTINUING education, promote professionalism, exchange ideas and foster opportunities AMONGST the membership.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

THE EXECUTIVE COMMITTEE'S FIRST OFFICERS have been selected AMONGST the FOUNDING ASSOCIATION MEMBERS, HEREAFTER, OFFICERS will be elected by MEMBERSHIP. The EXECUTIVE COMMITTEE shall FORMULATE POLICIES for the ASSOCIATION and attend to any BUSINESS which serves the ASSOCIATION.

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

WENDY PETTIFORD (PRESIDENT)
WESTERN RESERVE LIFE ASSURANCE CO OF OHIO
P O BOX 5068
CLEARWATER, FL 34618

DAN RICE (VICE-PRESIDENT)
NEW YORK LIFE INSURANCE CO.
5505 W CYPRESS ST
TAMPA FL 33607

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ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The **name and Florida street address** of the registered agent is:

DAN RICE
C/O NEW YORK LIFE INSURANCE CO.
5505 W CYPRESS ST
TAMPA, FL 33607

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

MATT PITTARELLI
C/O NEW YORK LIFE INSURANCE CO.
5505 W CYPRESS ST
TAMPA FL 33607

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Dan Rice
Signature/Registered Agent

4-28-2000
Date

Matt Pittarelli
Signature/Incorporator

4-28-2000
Date