

F02000002250

ACCOUNT FILE NUMBER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2033801
(Sub Account)

DATE: 5-7-02

REQUESTOR NAME: Lexis Document Services

ADDRESS: _____

TELEPHONE: (____) (____) ext (____)

CONTACT NAME: _____

CORPORATION NAME: AON Private Risk Management Insurance Agency, Inc.

DOCUMENT NUMBER: File Qualification
(if applicable)

AUTHORIZATION: Cynthia J. Woodyard

- CERTIFIED COPY (1-9)
- CERTIFICATE OF STATUS (1-9)
- PLAIN STAMPED COPY

Filed-Stamped copy

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- Call When Ready
- Walk In
- Mail Out
- Call if Problem
- Will Wait
- After 4:30
- Pick Up

FILED
 RECEIVED
 02 MAY -7 AM 11:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 DEPARTMENT OF STATE
 DIVISION OF CORPORATE AFFAIRS
 TALLAHASSEE, FLORIDA

BK

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.

FILED
MAR 7
AM 11:35
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

1. Aon Private Risk Management 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. Illinois 3. 36-4161455
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 3, 1997 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 200 E. Randolph Street, Chicago, Illinois 60601
(Principal office address)

Same
(Current mailing address)

8. See attached purpose clause.
(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 acceptable)

Name: LexisNexis Document Solutions Inc.

Office Address: 3953 WW Kelley Road

Tallahassee, Florida 32301
(City) (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.

Anthony E. Mackay, asst sec. Lexis
(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Leonor de la Torre

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

FILED
MAY - 7 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Application for Authority to Transact Business in Florida

**Purpose Clause of
Aon Private Risk Management Insurance Agency, Inc.**

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02 MAY -7 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The purpose or purposes for which the corporation is being qualified is to engage in the transaction of any or all business for which corporations maybe qualified under the laws of the state of Florida, including, but not limited to, the business of an insurance broker and/or insurance agency.

Directors, Officers Report

Aon Private Risk Management Insurance Agency, Inc.

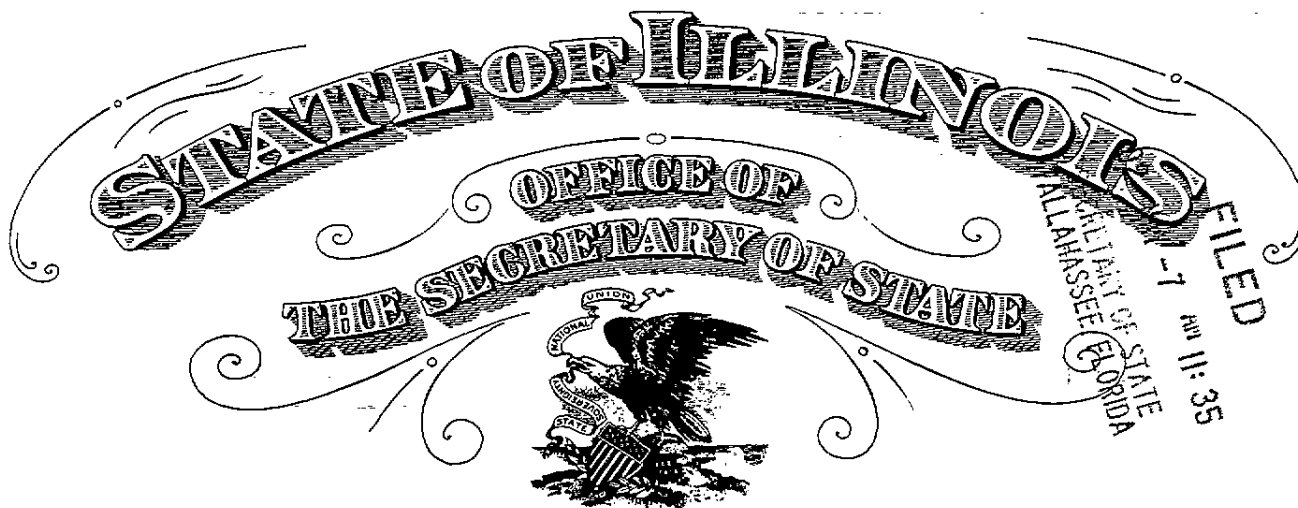
02 MAY 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Friday, May 03, 2002
FILED
AM 11:35

DIRECTORS

Carter C. Brydon	Director
Michael D. Rice	Director
Paul T. Slamar	Director

OFFICERS

Carter C. Brydon	President
Diane M. Aigotti	Treasurer
Leonor de la Torre	Secretary
Jerome I. Baer	Vice President - Taxes
Richard E. Barry	Vice President & Assistant Secretary - Law
Leonard V. Galla	Vice President
Jim Kennedy	Executive Vice President
Patricia J. LeBon	Senior Vice President
Catherine M. Lyczko	Vice President & Assistant Secretary - Law
Richard W. Powell	Vice President - Real Estate
Paul T. Slamar	Vice President & Assistant Secretary
Paulette Solinski	Vice President - Compliance & Licensing
Bill Uniowski	Executive Vice President
David A. Wichmann	Vice President

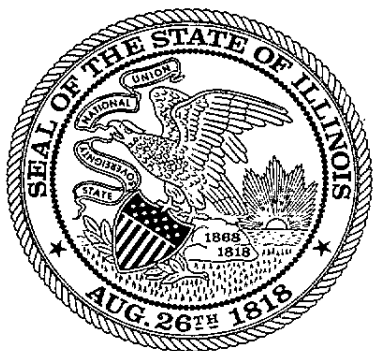


To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

AON PRIVATE RISK MANAGEMENT INSURANCE AGENCY, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE JUNE 3, 1997, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****

In Testimony Whereof, I, hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 6TH day of MAY A.D. 2002.



Jesse White

SECRETARY OF STATE