

F000000004715

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Transamerica Distribution Finance Insurance Services, 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:

Angela Jones

(Name of Person)

Central Licensing Bureau

(Firm/Company)

1501 N. University, Ste. 550

(Address)

Little Rock, AR 72207-5271

(City/State/Zip)

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*****70.00 *****70.00

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

Angela Jones

(Name of Person)

at (501) 664-8044

(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

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Central Licensing Bureau

SUITE 550
PROSPECT BUILDING
1501 NORTH UNIVERSITY
LITTLE ROCK, ARKANSAS 72207

(501) 664-8044
FAX (501) 664-6182

REVA FLETCHER
President

GENA BRADSHAW, FLMI
Senior Vice President

W.H.L. WOODYARD IV
Vice President

August 8, 2000

Division of Corporations
Certification Section
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam:

Enclosed please find the necessary documents to qualify TransAmerica
Distrubution Finance Ins. Svcs, Inc. to do business in your state.

I trust this letter and the enclosed documents places in compliance
with your state statutes. However, if any furthur action is required,
please do not hesitate to contact me.

Thank you for your consideration of this filing.

Sincerely,

Angela Jones
Initial Licensing Division

AJ/ka

Enclosure

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TALLAHASSEE FLORIDA

**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. Transamerica Distribution Finance Insurance Services, 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. 36-4366933
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. April 24, 2000 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 5595 Trillium Blvd.
Hoffman Estates, IL 60192
(Current mailing address)
8. In the business of insurance, functioning as an insurance agency.
(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: C T Corporation System
Office Address: 1200 South Pine Island Road
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.

****See Attached****

(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: *** Please See Attached ***

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: *** Please See Attached ***

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Jeanne M. Trampe
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JEANNE M. TRAMPE, SECRETARY
(Typed or printed name and capacity of person signing application)

Transamerica Distribution Finance Insurance Services, Inc. Officers & Directors Listing

James L. Schoedinger – President/Director
Trillium Blvd.
Hoffman Estates, IL 60192
SSN: 300-64-3612
D/O/B: 11-5-58
Home Address: 47 Haversham Lane
Barrington, IL 60010

Ross Perrelli – Vice President/CFO
Trillium Blvd.
Hoffman Estates, IL 60192
SSN: 325-48-5583
D/O/B: 10-6-56
Home Address: 740 Olive Parkway
Bartlett, IL 60103

John Dodson – Vice President
Trillium Blvd.
Hoffman Estates, IL 60192
SSN: 086-30-5533
D/O/B: 09-22-37
Home Address: 32 Kristen Circle, Apt. 7
Schaumburg, IL 60195

James Morpheu – Vice President
Trillium Blvd.
Hoffman Estates, IL 60192
SSN: 342-42-6638
D/O/B: 04-03-52
Home Address: 2184 Winters Way
St. Joseph, MI 49085

Jeanne Trampe – Secretary
Trillium Blvd.,
Hoffman Estates, IL 60192
SSN: 369-82-3772
D/O/B: 11-17-61
Home Address: W208 Forest Lane
Mundelein, IL 60060

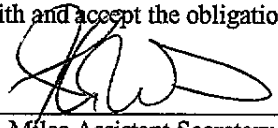
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**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned corporation authorized under the laws of the state of Florida, submits the following statement in designating the registered agent/registered office, in the state of Florida.

1. The name of the corporation is: TRANSAMERICA DISTRIBUTION FINANCE INSURANCE SERVICES, INC.
2. The name and address of the registered agent and office is C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324

Having been named as registered agent and to accept service of process for the above stated corporation 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.



J L Miles Assistant Secretary

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TALLAHASSEE FLORIDA

File Number 6101-113-7



To all to whom these Presents Shall Come, Greeting:

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

TRANSAMERICA DISTRIBUTION FINANCE INSURANCE SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE APRIL 24, 2000, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE 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 7TH *day of* JUNE *A.D.* 2000

Jesse White

SECRETARY OF STATE