

AMERICAN FRATERNAL FINANCIAL SERVICES, INC.

230 Sixteenth Street Rock Island, Illinois 61201

John A. Friederich Secretary-Treasurer

(309) 788-4561

November 20, 2000

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

11/27/00--01100--013 *****87.58

Re: American Fraternal Financial Services, Inc.

Please issue a Certificate of Authority for the above corporation, together with a Certificate of Status and a certified copy of the Certificate. Enclosed please find the following:

- 1. Application by Foreign Corporation for Authorization to Transact Business in Florida.
- 2. Certificate of Good Standing from the Illinois Secretary of State.
- 3. Check in the amount of \$87.50, for the filing fee of \$70, plus Certificate of Status, and certified copy.

Thank you.

Sincerely,

John A. Friederich

Secretary-Treasurer

JAF:CJH

TRANSMITTAL LETTER

		/Tax Lien Secti Corporations	on						
SUBJECT: _	Aı	merican Frat	ernal Fin:	anc:	ial Services, Inc				
					ion - must include suffi				
Dear Sir or M	adam:								
The enclosed "Certificate of transact business	TAISIG	ice, and check	n Corporation are submitte	n foi d to	Authorization to Tran register the above refer	sact Business renced foreign	in Florida corporat	a", ion to	
Please return a	ll corre	spondence conc	erning this m	natte	r to the following:				
	Jo	hn A. Fried	erich						
			(Nar	ne o	f Person)				
	Am	erican Frat	ernal Fina	nci	al Services, Inc.				
					ompany)				
•	23	0 - 16th St	reet						
			(.	Add	ress)				
	Ro	ck Island,	Illinois 6	120	1				
			(City	y/Sta	ate/Zip)	-		_	
Should you nee	d to cal	I someone conc	erning this n	natte	τ, please call:		SECRETARY ALLAHASSI	00 NOV 27	
John A. Fr			at (309) 788-4561		유	> [
(Name	of Per	son)	(<i>A</i>	\rea	Code & Daytime Tele	phone Numbe	STATE LORIDA	M 2: 24	
STREET ADD	RESS:				MAILING ADDRES	SS:			
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399					Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclosed is a ch	eck for	the following a	mount:						
3 \$70.00 Filing	; Fee	☐ \$78.75 Fil Certificate	ing Fee & e of Status	0	\$78.75 Filing Fee & Certified Copy		Filing Fecate of Stored		

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.	1. American Fraternal Financial 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 o	or partnership if not so contained in the nar	ne at presen	t.)	_						
	**************************************	F	•	·							
2.	Tlline	ois	3	41-19	928104						
۷٠	(State or country	ois y under the law of which it is incorporated)	_ =::		(FEI number, if an	EI number, if applicable)					
	•				•	-					
4.	Januar	ry 5, 1999 5 5	Perpet	ual							
	(Dar	te of incorporation)	(Duration:	Year co	rp. will cease to exis	st or "perpetual")					
6.	AS SOC	on as authority is granted. t transacted business in Florida.) (SEE SEC									
	(Date firs	t transacted business in Florida.) (SEE SEC	CTIONS 607	7.1501, 60	07.1502 and 817.155), F.S.)					
_	000 164	1. Charact									
7.	230 - 16t	n Street				· · · · · · · · · · · · · · · · · · ·					
	Rock Tsla	nd, Illinois 61201									
(Current mailing address)											
	(Current maring accress)										
	To act as	s agent or broker for insurance	e compan	ies in	soliciting &	receiving appli-					
8											
8. <u>cations for disability, long term care, life, and other insurance; also investment</u> (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) products.											
	(1 mposo	(c) 0. 00.po									
9.	Name and str	reet address of Florida registered age	nt: (P.O. F	Вох ог М	fail Drop Box NO	Γ acceptable)					
	Name:	C T Corporation System				世 見 五					
	ranno.					ARY ASSE					
Δ.	fice Address:	1200 South Pine Island Road									
Ų.	nce Address:										
		Plantation			33324	ES ₹ D					
				Florida,	33324 (Zip code)	2: 24 TATE ORIDA					
					(Zip code)	(P) 2					
						# -					
10	. Registered a	agent's acceptance:									
H	ving been name	ed as registered agent and to accept service	ce of proces	s for the	above stated corpor	ation 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.											
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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.

(Registered agent's signature)

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: N/A Address: Director Wice:Chairmenx Daisy M. Daniels Address: 230 - 16th Street Rock Island, Illinois 61201 Director: _____ LaNell D. Switzer Address: _____230 - 16th Street Rock Island, Illinois 61201 Director: Kathleen J. Wheeler Address: 230 - 16th Street Rock Island, Illinois 61201 B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Karen E. Anagnos and Director Address: 230 - 16th Street, Rock Island, Illinois 61201 Vice President: Carol S. Hicks and Director Address: 230 - 16th Street Rock Island, Illinois 61201 John A. Friederich Secretary: and Director Address: 230 - 16th Street Rock Island, Illinois 61201 Treasurer: John A. Friederich and Director Address: 230 - 16th Street, Rock Island, Illinois 61201 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) John A. Friederich, Secretary-Treasurer

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



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do

> 7 M 2: 24 Y OF STATE



In Testimony Whereof, I, hereto set

day of ______SEPTEMBER A.D. _ 2000

Desse White