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Central Licensing Bureau, Inc.

SUITE 550
PROSPECT BUILDING
1501 NORTH UNIVERSITY
LITTLE ROCK, ARKANSAS 72207-5271

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

REVA FLETCHER
President

GENA BRADSHAW, FLMI
Senior Vice President

W.H.L. WOODYARD IV
Vice President

January 9, 2001

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

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-01/16/01--01097--002
*****70.00 *****70.00

Dear Sir/Madam:

Enclosed please find the necessary documents to qualify **AON Risk Services, Inc. of Arkansas** to do business in your state. The corporation will be in the business of insurance, functioning as an insurance agency.

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

Thank you for your consideration of this filing.

Sincerely,

Angie Jones

Angie Jones
Initial Licensing Division

aj

Enclosures

FILED
00 JAN 17 AM 12:46
SECRETARY OF STATE
TALLAHASSEE, FL 32304

mtu
1/17

**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. AON Risk Services, Inc. of Arkansas
(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. Arkansas 3. 71-0652606
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 10, 1985 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. 315 W. 3rd
Little Rock, AR 72201
(Current mailing address)
8. The business of insurance functioning as an insurance company
(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)

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.

(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)

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TALLAHASSEE FLORIDA

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)
PLEASE SEE ATTACHED

Chairman: Managing Director - S. Mark Brockinton

Address: 43 Chenal Circle, Little Rock, AR

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: _____

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. _____

S. Mark Brockinton, President

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE OF APPOINTMENT

RE: AON Risk Services, Inc. of Arkansas

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: December 20, 2000

C T CORPORATION SYSTEM

By M. S. Green
M. S. Green,
Assistant Secretary

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TALLAHASSEE, FLORIDA

Directors, Officers Report

Aon Risk Services, Inc. of Arkansas

DIRECTORS

Richard E. Barry	Director
S. Mark Brockinton	Director
Kenneth J. LeStrange	Director

OFFICERS

S. Mark Brockinton	President
Arlene H. Hardy	Treasurer
Arlene Jeschke	Secretary - Law
Jerome I. Baer	Vice President - Taxes
Richard E. Barry	Vice President & Assistant Secretary - Law
Steve Brockinton	Vice President
Leonard V. Galla	Vice President
Robert M. Goss	Senior Vice President
Catherine M. Lyczko	Vice President & Assistant Secretary - Law
Richard A. Mickelsen	Assistant Vice President

Business Address:

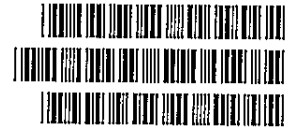
**315 W. 3rd
Little Rock, Arkansas 72201**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Sharon Priest
SECRETARY OF STATE

State of Arkansas SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING OF A DOMESTIC CORPORATION


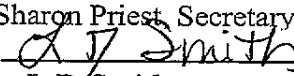
I, Sharon Priest, Secretary of State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show:

AON RISK SERVICES, INC. OF ARKANSAS

a corporation chartered under the laws of the State of Arkansas, filed Articles of Incorporation July 10, 1985.

I further certify that as far as the records show, this corporation is at this time chartered and in good standing, having met all the requirements governing a domestic corporation in this State.

In Testimony Whereof, I have hereunto set my hand and affixed my Official Seal. Done at my office in the City of Little Rock, Arkansas this 5th day of January 2001.


Sharon Priest, Secretary of State
by: 
L D Smith

FILED
00 JAN 17 AM 12:45
STATE OF ARKANSAS
TAMM HOUSE, R. 100

C-2/Rev 10-1-88