CT CORPORATION SYSTEM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

ComparisonMarket Insurance Agency, Inc.

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

| | | |
|---|---|---|
| ( ) Profit<br>( ) Nonprofit | ( ) Amendment | ( ) Merger |
| ( ) Foreign | ( ) Dissolution/Withdrawal<br>( ) Reinstatement | ( ) Mark |
| ( ) Limited Partnership<br>( ) LLC | ( ) Annual Report<br>( ) Name Registration<br>( ) Fictitious Name | ( ) Other<br>( ) Change of RA<br>( ) UCC |
| ( ) Certified Copy | ( ) Photocopies | ( ) CUS |
| ( ) Call When Ready<br>(x) Walk In<br>( ) Mail Out | ( ) Call If Problem<br>( ) Will Wait | ( ) After 4:30<br>(x) Pick Up |

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Name Availability _____
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W.P. Verifier _____

3/30/01

Order#: 3813898

Ref#: _____

Amount: $_____

MR 3/30

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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TALLAHASSEE, 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. ComparisonMarket 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. Ohio
(State or country under the law of which it is incorporated)

3. 34-1126672
(FEI number, if applicable)

4. 7/19/73
(Date of incorporation)

5. Perpetual
(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. 29001 Solon Road, Suite A, Solon, OH 44139
(Current mailing address)

8. 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)

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.***

C T Corporation System
Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY
(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)**

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TALLAHASSEE, FLORIDA

Chairman: See Annex I, attached hereto.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: See Annex I, attached hereto.

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. David L. Roush
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. David L. Roush, President
(Typed or printed name and capacity of person signing application)

**Annex I**



**ComparisonMarket Insurance Agency, Inc.**

**Officers and Directors**

| Name | Office/Title | Mailling Address |
|---|---|---|
| David L. Roush | President, Director | 29001 Solon Road, Suite A<br>Solon, OH 44139 |
| Phillip V. Wintering | Secretary, Treasurer, Director | 29001 Solon Road, Suite A<br>Solon, OH 44139 |
| Richard M. Bonitz | Director | 29001 Solon Road, Suite A<br>Solon, OH 44139 |
| William R. Kampf | Assistant Vice President | 106 Spring Drive<br>South Russell, OH 44022 |
| Allen E. Griffin | Assistant Vice President | 6696 Silvermound Drive<br>Mentor, OH 44060 |
| Samuel L. Beldin | Assistant Vice President | 29001 Solon Road, Suite A<br>Solon, OH 44139 |

**UNITED STATES OF AMERICA**

**STATE OF OHIO,**

**OFFICE OF THE SECRETARY OF STATE.**

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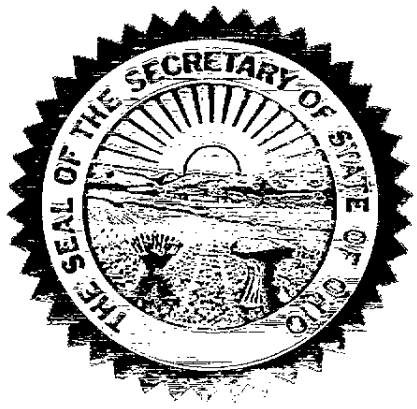
TALLAHASSEE, FLORIDA

*I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show COMPARISONMARKET INSURANCE AGENCY, INC., an Ohio corporation, Charter No. 442124, having its principal location in Mayfield Heights, County of Cuyahoga, was incorporated on July 19, 1973 and is currently in GOOD STANDING upon the records of this office.*

*WITNESS my hand and official seal at Columbus, Ohio on March 23, 2001*




J. Kenneth Blackwell
Secretary of State