

FOI 0000003545

Central Licensing Bureau, Inc.

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

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

REVA RITCHIE
President

GENA BRADSHAW, FLMI
Senior Vice President

W.H.L. WOODYARD IV
Vice President

June 26, 2001

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

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

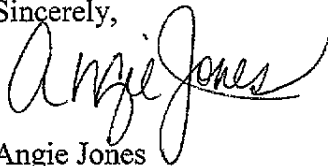
Dear Sir/Madam:

Enclosed please find the necessary documents to qualify **Pediatrics Insurance Consultants, Inc.** to do business in your state.

I trust this letter and the enclosed documents place 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
Initial Licensing Division

aj

Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mt
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**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. **Pediatrics Insurance Consultants, 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**

(State or country under the law of which it is incorporated)

3. **36-2926484**

(FEI number, if applicable)

4. **March 17, 1977**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **upon approval**

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. **125 S. Wacker Drive, #1800**

Chicago, IL 60606-4401

(Current mailing address)

8. **The corporation is presently in the business of insurance, functioning as an insurance**
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) **agency.**

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: **CT Corporation System**

Office Address: **1200 South Pine Island Road**

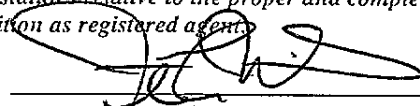
Plantation

, 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)
Jonathan L. Miles, Asst. Secy.

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

Chairman: SEE ATTACHED

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: 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. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ALLY I MYERS, PRESIDENT
(Typed or printed name and capacity of person signing application)

OFFICERS AND DIRECTORS
OF
PEDIATRICS INSURANCE CONSULTANTS, INC.

Chairman

Gerald E. Myers
6650A Minkler Road
Yorkville, IL

President

Holly I. Myers
2648 N. Orchard
Chicago, IL

Vice President

Penelope Pope
606 Emerald
Mundelein, IL

Secretary/Treasurer

Evan P. Myers
324 S. Loomis
Naperville, IL

Director

Jerriann Wilson
584 Richard Way
Severna Park, MD

Director

Mark Myers
4001 Wellington Parkway
Palm Harbor, FL

Director

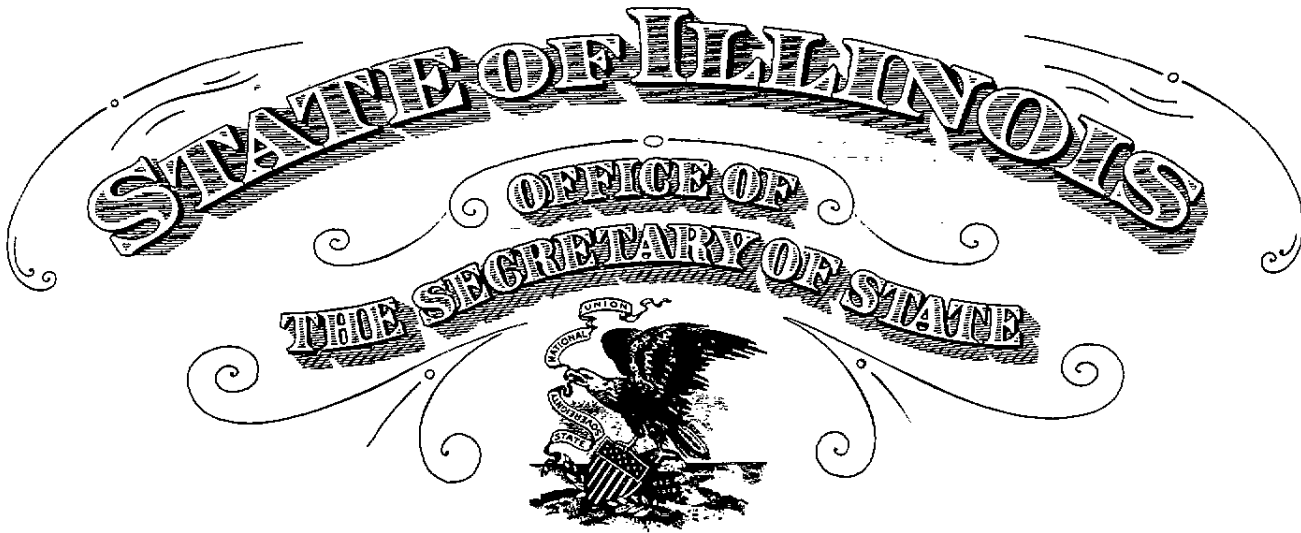
Philip B. Myers
6790 Minkler Road
Yorkville, IL

Director

Cisele Balint
6650A Minkler Road
Yorkville, IL

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TALLAHASSEE, FLORIDA

File Number 5111-451-5



To all to whom these Presents Shall Come, Greeting:

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

PEDIATRICS INSURANCE CONSULTANTS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE MARCH 17, 1977, 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*****

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In Testimony Whereof, I, hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 30TH *day of* MAY *A.D.* 2001 .

Jesse White

SECRETARY OF STATE