

ACCOUNT NO.

: 072100000032

REFERENCE

: 440274

4319445

AUTHORIZATION

COST LIMIT **:** \$ 70.00

ORDER DATE: August 22, 2001

ORDER TIME :

9:32 AM

ORDER NO. : 440274-010

CUSTOMER NO:

4319445

CUSTOMER: Ms. Christine D. Greb

Arthur J. Gallagher & Co.

Two Pierce Place

The Gallagher Centre

Itasca, IL 60143

000004563810--3

FOREIGN FILINGS

NAME:

GALLAGHER HEALTHCARE INSURANCE

SERVICES, INC.

XXXX QUALIFICATION

(TYPE: CO) -

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder -- EXT# 1118

SUPPLICIENCY OF FILING

EXAMINER: __

2001 AUG 30 AM 10: 33

DIVISION OF COPPORATIONS

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| register a f | OREIGN CORPORATION TO TRA | NSACT BUSINESS IN | THE STATE OF | FLORIDA | ٠ : ﴿ يُمْرِينَ ا | > L |
|-----------------------------------|---|--|---|-----------------------------|-------------------|----------------|
| | Healthcare Insurance Servi | | | | 71,75 | = ' |
| words or abbre | oration; must include the word "INCOF eviations of like import in language as w or partnership if not so contained in the | ill clearly indicate that i | NY", "CORPORA' t is a corporation in | TION" or stead of a | LORIDA | 国 中: 35 |
| Texas | | 3. 76-0681232 | 2 | | | |
| (State or coun | try under the law of which it is incorpor | ated) | (FEI number, if a | applicable) | | |
| 05/18/2001 | | 5. Perpetual | | ÷ : | | |
| (Da | te of incorporation) | | ear corp. will cease | to exist or | "perpetual" | ') |
| Upon Quali | fication | | | | | |
| (Date first trans | acted business in Florida. If corporatio (SEE SECTIONS | n has not transacted bus 607.1501, 607.1502 and | | ert "upon qu | alification. | ") |
| 820 Gessne | r, Suite_1000, Houston, TX | 77024 | | | | |
| | (Principal o | ffice address) | | | | _ |
| Same | <u></u> | – | | | | |
| | | iling address) | | | , | _ |
| Insurance | Agency and Brokerage | - | | - | | |
| | | | | | | |
| (Purpose | (s) of corporation authorized in home s | ate or country to be carr | ried out in state of F | lorida) | | _ |
| Name and st | reet address of Florida registered | agent: (P.O. Box or | Mail Drop Box <u>N</u> | OT accept | able) | |
| Name: | Corporation Service Compan | У | | - | | |
| ~~ | 1201 Hays Street | | | | | |
| ffice Address: | Total Maga Bereet. | | | -=- | - | |
| | Tallahassee | , Florida | 32301 | | ā. | |
| | (City) | | (Zip code) | | | |
| Pagistared (| agent's acceptance: | | | | | |
| | ned as registered agent and to acco | ent service of process | for the above stat | ed cornora | ition at th | e ntare |
| signated in thi rther agree to | is application, I hereby accept the a comply with the provisions of all si familiar with and accept the oblige | ppointment as registe fatutes relative to the | ered agent and ag proper and comp | ree to act i lete perfor | in this cap | acity. |
| | James was and accept the obligi | mons of my posmon | us regisiereu ugei | | | |
| • | Corporation Service Company | ~ | | | | |
| _ | Menteronia | 2 | | | | |
| | (Registered a | gent'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 business addresses of officers and/or direct | tors. | | | | 0 | | |
|--|----------------|--------------|--------------|-------------------|---|-----------|------------------|
| A. DIRECTORS | | | | TAIS C | | | |
| Chairman: See attached officers/directors rider | | | | æļ. | <u> </u> | 5 = | _ |
| Address: | | | . | = | 10 To | 3 Fr | |
| | | | | | The state of | 夏口 | - . • |
| | | _ | | | 107 | = | |
| Vice Chairman: | | | | ī. | SE CO | ဟိ | - 27 |
| Address: | ies. | | | 77 | J-1 | | |
| | | | | | = | 2.2 | T 1 2 4 2 1 1 |
| Director: | | | | - | - | * | |
| Address: | 1 Terr 44 | | | | | | _ |
| | | | | = | | | — |
| Director: | | | | | | | |
| | | | | | | | |
| Address: | | | | | | | |
| | | | | ř | | 3 2 | |
| B. OFFICERS | | | | | | | |
| President: See attached officers/directors rider | an . | | | | | | |
| Address: | | | | | | | |
| | | | *** - | | | · · | |
| | | - | · | | | | = - |
| Vice President: | | | | | 7 | ÷ | Angel and a |
| Address: | | | | .32F [™] | | 1. 2 | |
| | | | <u>*</u> | | | n - | Ţ. |
| Secretary: | | | | - | | | |
| Address: | | | | n 7; | | | |
| · | | | | | <u> </u> | | |
| Treasurer: | ₩ | | - , | :=: | | - Tea - T | |
| Address: | = = | - | | ≟.′ | | : | |
| NOTE: If necessary, you may attach an addendum to the a | pplication lis | ting additio | nal offic | ers a | ind/or direc | ctors. | |
| | | | | | | | |
| 13. <u>Christine</u> D. <u>Breb</u> (Signature of Chairman, Vice Chairman, or | any officer l | isted in nu | mber 12 | of th | e application | on) | |
| 7 - 1 - 7 - 1 - 7 - 1 - 7 - 1 - 1 - 1 - | | | | | | | |
| 14. Christine D. Greb, Asst. Secretary (Typed or printed name and capaci | ty of person | signing app | lication) | sales. | , | . – – | . 11 |

GALLAGHER HEALTHCARE INSURANCE SERVICES, INC.

Incorporated:

Texas

Date

05/18/2001

% Ownership:

100% Arthur J. Gallagher & Co.

Federal ID#:

76-0681232

CAPITAL STOCK:

Common

Price/Par Value: \$

\$1.00

Authorized: 1,000 Outstanding: 1,000

DIRECTORS

| <u> </u> | : | the second second | * * * |
|----------------------|---|-------------------|---------------|
| James J. Braniff III | Director | | Address ** |
| Michael I Olahar | | | ** |
| Michael J. Cloherty | Director | | ** |

OFFICERS

| William F. Galtney, Jr. | President | * |
|-------------------------|------------------------------------|-----|
| Sollie M. Bartoe | Division President | * * |
| Robert B. Blasio | Division President | * |
| Thomas S. Helms | Division President | * |
| Crys O. Blankenship | Executive Vice President | * |
| Philip E. Reischman | Executive Vice President | * |
| Andrew G. Allen | Senior Vice President | * |
| Alan B. Avriett | Senior Vice President | * |
| James M. Fasone | Senior Vice President | * |
| Janice M. Garic | Senior Vice President | * |
| Dana R. Hando | Senior Vice President | * |
| Ida D. Havens | Senior Vice President | * |
| Charles S. Kolodkin | Senior Vice President | * |
| Nancy M. Kring | Senior Vice President | * |
| Stephen A. Stewart | Senior Vice President | * |
| Joanne Taylor | Senior Vice President | * |
| Michael J. Cloherty | Vice President - Finance | ** |
| John C. Rosengren | Vice President and General Counsel | ** |
| Valarie J. Allen | Vice President | * |
| Elizabeth A. Berger | Vice President | * |
| Denise D. Berry | Vice President | * |
| James J. Braniff III | Vice President | ** |
| Terry M. Drayer | Vice President | * |
| Felicia R Gardner | Vice President | * |
| David R. Long | Vice President | ** |
| Rex W. Martin | Vice President | * |
| Shirley A. Sanders | Vice President | * |
| Steven R. Smith | Vice President | * |
| Yvonne G. Stamper | Vice President | * |
| Page M. Vogelsang | Vice President | * |
| Robert Morrison | Division Exec. Vice President | * |
| Dennis A. Bartlett | Division Senior Vice President | * |

GALLAGHER HEALTHCARE INSURANCE SERVICES, INC.

| C. 1. Y. F. | Division Comion Wine Duraidant * | |
|-----------------------|--|---|
| Stephen L. Farr | Division Senior Vice President * | |
| Kathryn A. Fitzgibbon | Division Senior Vice President S | |
| Christopher Prestera | Division Senior Vice President Division Senior Vice President Division Vice President Division Vice President | |
| Deborah K. Ropelewski | Division Senior vice President | |
| Barbara Durham | Division Vice President | 1 |
| Hal E. Kinsey | Division Vice President |) |
| Pamela S. Kirks | Division Senior Vice President Division Senior Vice President Division Senior Vice President Division Vice President | |
| Tamara L. Lefevre | Division Vice President | |
| Susan O. Martin | Division Vice President | |
| Wayne F. Rogers | Division Vice President * | |
| Dana K. Ballard | Assistant Vice President * | |
| Stacey A. Bates | Assistant Vice President * | |
| Dana L. Bellow | Assistant Vice President * | |
| Robert A. Burns | Assistant Vice President * | |
| Liz M. Fragoso | Assistant Vice President * | |
| Karen Gottlieb | Assistant Vice President * | |
| Heather G. James | Assistant Vice President * | |
| Kimberly A. Hoppers | Assistant Vice President * | |
| Andrea L. Jones | Assistant Vice President * | |
| Melissa Mitchell | Assistant Vice President * | |
| Judith A. Owens | Assistant Vice President * | |
| Paula Prestridge | Assistant Vice President * | |
| Donna R. Pryor | Assistant Vice President * | |
| Ashley H. Satterwhite | Assistant Vice President * | |
| Danielle K. Daches | Assistant Vice President | |
| Bibianne Wadsworth | Assistant Vice President * | |
| Donna K. Wright | Assistant Vice President * | |
| Sharon L. Addicks | Division Asst. Vice President * | |
| Deanna D. Hendrickson | Division Asst. Vice President * | |
| Lynn M. Thompson | Division Asst. Vice President * | |
| Jack H. Lazzaro | Treasurer ** | |
| Richard C. Cary | Controller ** | |
| Michael J. Cloherty | Secretary ** | |
| Christine D. Greb | Assistant Secretary ** | |
| Childring D. Oloo | 1 monowate pooroun's | |

Purpose of Business:

Insurance Agency and Brokerage

Primary Address: 820 Gessner, Suite 1000 Houston, Texas 77024

c/o Arthur J. Gallagher & Co. Two Pierce Place Itasca, IL 60143



IT IS HEREBY CERTIFIED that Articles of Incorporation of

GALLAGHER HEALTHCARE INSURANCE SERVICES, INC. File No. 162918200

were filed in this office and a certificate of incorporation was issued to this corporation, and no certificate of dissolution is in effect and the corporation is currently in existence.



IN TESTIMONY WHEREOF, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 28, 2001.

Henry Cuellar
Secretary of State DAE