

FD3000004773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

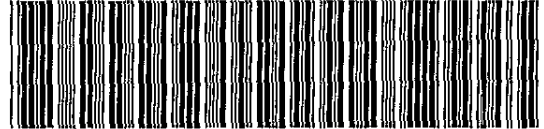
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

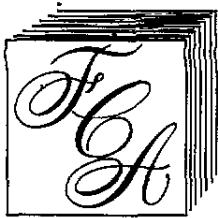


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FILED

FD3-4773  
OK



**FIRST CONSULTING**  
*& Administration, Inc.*

September 16, 2003

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Citicorp Insurance Services, Inc.  
FEIN # 62-1282460  
Application For Certificate of Authority For Foreign Corporation

Dear Sir or Madam:

We have been retained by Citicorp Insurance Services, Inc. to assist in applying for licensing as a Third Party Administrator in your state. A letter of authorization to First Consulting & Administration, Inc., authorizing us to act on behalf of this client is enclosed.

In order to complete our filing with the Florida Insurance Department, we must submit a Certificate of Authority from the Secretary of State. Since Citicorp Insurance Services, Inc. is not currently registered with your Department, we are enclosing an application to obtain a Certificate of Authority.

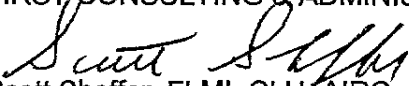
Please be advised that the applicant does not plan on using any fictitious or "DBA" name.

The location at which all relevant books and records are kept is as follows:  
Citicorp Insurance Services, Inc.  
3001 Meacham Blvd., Suite 200  
Fort Worth, TX 76137

If you have any questions or desire additional information, please call toll-free 1-800-927-2730. A business-reply envelope is enclosed for your convenience in responding.

Sincerely,

FIRST CONSULTING & ADMINISTRATION, INC.

  
Scott Sheffer, FLMI, CLU, AIRC  
Associate Consultant  
Writer's Extension: 2742  
Email: [scott.sheffer@firstconsulting.com](mailto:scott.sheffer@firstconsulting.com)

**CITICORP INSURANCE  
SERVICES, INC.**



*A subsidiary of  
Citibank, N.A.*

*100 Commerce Drive  
3<sup>rd</sup> Floor  
Newark, DE 19713 3*

*Administrative Office:  
3001 Meacham Blvd. Suite 200  
Fort Worth, TX 76137  
(817) 348-7500*

June 13, 2003

To: The Insurance Commissioner

***AUTHORIZATION***

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc. of Kansas City, Missouri, to represent Citicorp Insurance Services in matters before the Insurance Department.

This authorization shall be valid until revoked by us.

Citicorp Insurance Services

A handwritten signature in dark ink, appearing to read "M. Diane Higdon".  
M. Diane Higdon, Vice President

FILED  
JUN 13 2003  
RECEIVED  
INSURANCE DEPARTMENT

**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. Citicorp Insurance 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 or partnership if not so contained in the name at present.)

2. Delaware 3. 62-1282460  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 6, 1996 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 100 Commerce Drive, 3rd Floor, Newark DE 19713  
(Principal office address)

3001 Meacham Blvd., Ste. 200, Ft. Worth, TX 76137  
(Current mailing address)

8. Third party administrator for health insurance plans  
(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  
(City) (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

By: See attached  
(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Richard C. Agnello

Address: 3001 Meacham Blvd., Suite 200  
Ft. Worth TX 76137

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Dianna L. Cook

Address: 3001 Meacham Blvd., Suite 200  
Ft. Worth TX 76137

Director: Darrell J. Gambero

Address: 3001 Meacham Blvd., Suite 200  
Ft. Worth TX 76137

B. OFFICERS

President: Richard C. Agnello

Address: 3001 Meacham Blvd., Suite 200  
Ft. Worth TX 76137

Vice President: M. Diane Higdon

Address: 3001 Meacham Blvd., Suite 200  
Ft. Worth TX 76137

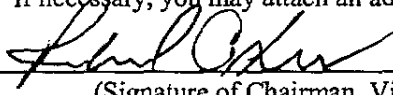
Secretary: John D. Hatch

Address: 3001 Meacham Blvd., Suite 200, Ft. Worth TX 76137

Treasurer: Paula D. Larkin

Address: 3001 Meacham Blvd., Suite 200, Ft. Worth TX 76137

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. Richard C. Agnello, President  
(Typed or printed name and capacity of person signing application)

ACCEPTANCE OF APPOINTMENT

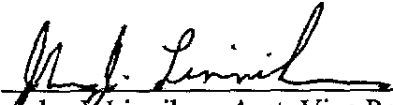
RE: **Citicorp Insurance Services, Inc.**

CT Corporation System  
1200 S. Pine Island Rd.  
Plantation, FL 33324

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: August 13, 2003

C T CORPORATION SYSTEM

By   
John F. Linnihan, Asst. Vice President

FILED  
AUG 13 2003  
CLERK OF CIRCUIT COURT  
DADE COUNTY, FLORIDA

# Delaware

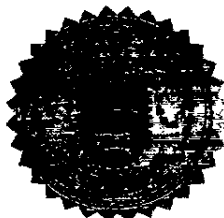
PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CITICORP INSURANCE SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF AUGUST, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

2092964 8300

AUTHENTICATION: 2595535

030546390

DATE: 08-21-03