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(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

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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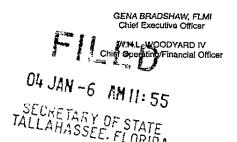
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Central Licensing Bureau, Inc. 1501 NORTH UNIVERSITY

SUITE 550
LITTLE ROCK, ARKANSAS 72207-5271
www.centralficensingbureau.com
(501) 664-8044
FAX - (501) 654-6182



December 29, 2003

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

Dear Sir/Madam:

Enclosed, please find the necessary documents to qualify **SPECIALTY RISK ASSOCIATES**, **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,

Lauri Stone

Corporate Qualification Division

/ls

Enclosures

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

AH | |: 5 1. SPECIALTY RISK ASSOCIATES, 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.) (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 9/15/1986 Perpetual (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) 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. 2800 Youree Dr., #462, Shreveport, LA 71104 (Principal office address) P.O. Box 4829, Shreveport, LA 71134-0829 (Current mailing address) 8. The business of insurance, functioning as an 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: CT Corporation System Office Address: 1200 South Pine Island Road, Plantation. , Florida 33324 (Zip code) (City) 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

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.

ACCEPTANCE OF APPOINTMENT

FILED

04 JAN-6 AMII: 55

SECHETARY OF STATE

RE:

Specialty Risk Associates, Inc.

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.

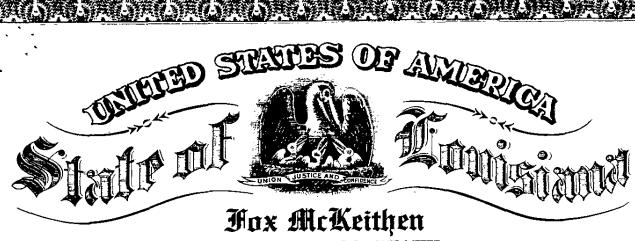
Dated: December 10, 2003

Ć T CORPORATION SYSTEM

By

Jonathan L. Miles, Assistant Secretary

12. Names and business addresses of officers and/or directors:	FILED
A. DIRECTORS	04 JAN -6 AM 11:55
Chairman:	SECRETARY
Address:	SECRETARY OF STATE TAILAHASSEE, FLORIDA
Vice Chairman:	
Address:	
Director: John F. Wood, III	
Address: 2800 Youree Dr., #462	
Shreveport, LA 71104	
Director: William D. Slack	
Address: 2800 Youree Dr., #462	
Shreveport, LA 71104	
B. OFFICERS	
President: John F. Wood, III	
Address: 2800 Youree Dr., #462	
Shreveport, LA 71104	
Vice President: William D. Slack	
Address: 2800 Youree Dr., #462	
Shreveport, LA 71104	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing. 13. (Signature of Chairman, Vice Chairman, or any officer lister)	
	ed in number 12 of the application)
(Typed or printed name and capacity of person sign	ning application)



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Cerlify that SPECIALTY RISK ASSOCIATES, INC.

A LOUISIANA corporation domiciled at SHREVEPORT,

Filed charter and qualified to do business in this State on September 15, 1986,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of_State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

October 6, 2003

JCO 34218255D

Secretary of State

