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TALLAHASSEE, FLORIDA

04 OCT 18 PM 2:51

FILED

BK



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : 072100000032

REFERENCE : 927725 7121888

AUTHORIZATION :

Patricia Pizutto

COST LIMIT : \$ 70.00

FILED
04 OCT 18 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : October 14, 2004

ORDER TIME : 9:31 AM

ORDER NO. : 927725-005

CUSTOMER NO: 7121888

CUSTOMER: Ms. Maggie Bennett
Iroquois Services Corporation
406 West State Street
P.O. Box 806
Olean, NY 14760

FOREIGN FILINGS

NAME: MIDWEST INSURANCE PARTNERS,
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER: _____

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.

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

1. Midwest Insurance Partners, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Kansas

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

3. 74-3104097

(FEI number, if applicable)

4. 08/22/2003

(Date of incorporation)

5. perpetual

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

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 200 South West 30th Street, Topeka KS 66611

(Principal office address)

406 West State Street, P.O. Box 806, Olean NY 14760

(Current mailing address)

8. Aggregator of Insurance Policies

(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 NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street, Suite 105

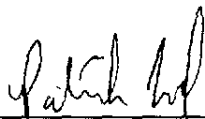
Tallahassee, Florida 32301

(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.



Patrick Lalor, Asst. Sec.

(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: Paul M. Branch
Address: 1309 Buchanan Avenue, Olean NY 14760
Director: Laurie A. Branch
Address: 304 Van Buren Avenue, Olean NY 14760
Director: Amy L. Branch-Benoliel
Address: 520 Gravers Lane, Wyndmoor PA 19038
Director: Joseph G. Chiapuso
Address: 106 South Shore Road, Cuba NY 14727
Director: William D. Jones
Address: 6128 W. Central Avenue , Wichita KS 67212
Director: William A. Branch
Address: 1235-E East Blvd. Charlotte, NC 28203

B. OFFICERS

President: William D. Jones
Address: 6128 W. Central Avenue , Wichita KS 67212
Vice President: Joseph G. Chiapuso
Address: 106 South Shore Road, Cuba NY 14727
Secretary: William A. Branch
Address: 1235-E East Blvd. Charlotte, NC 28203
Treasurer: /Assist. Sect. Laurie A. Branch
Address: 304 Van Buren Avenue, Olean NY 14760

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  10-8-04
(Signature of Director of Officer listed in number 12 of the application)
14. Laurie A. Branch, Assistant Secretary
(Typed or printed name and capacity of person signing application)

**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
RON THORNBURGH**

To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas,
do hereby certify that, according to the records of this office,

MIDWEST INSURANCE PARTNERS, INC.

KANSAS FOR PROFIT CORPORATION

Business Entity ID Number: 3515699

was filed in this office on August 28, 2003 and has complied with the
applicable provisions of the laws of the State of Kansas and on this date is in
good standing and authorized to transact business or to conduct its affairs
within this state.

Dated: 10/14/2004

For Validation:

Certificate ID: **22057**

To validate this certificate, visit the following
web site, enter this certificate ID, then follow
the instructions displayed.

<https://www.accesskansas.org/businessentity/validate.html>



Signed:

RON THORNBURGH
SECRETARY OF STATE