

FD5000001453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

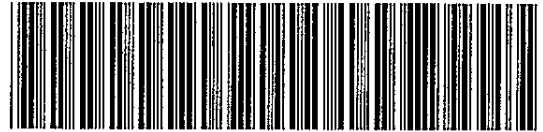
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000045755360

03/08/05--01040--006 **87.50

FILED
05 MAR -8 AM 10:13
SULLY, CLARE
TALLAHASSEE, FLORIDA

JB
3/8/05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Insurance Risk Managers of Missouri, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Attn: Kara Rister
(Name of Person)
MGL Consulting Corporation
(Firm/Company)
10077 Grogan's Mill Road, Suite 300
(Address)
The Woodlands, TX 77380
(City/State and Zip code)

For further information concerning this matter, please call:

Kara Rister at (281) 367-0380
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
05 MAR -8 AM 10:13
SEAL
TALLAHASSEE, FLORIDA

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. Insurance Risk Managers of Missouri, 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. Illinois 3. 371354846
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/01/1996 5. Perpetual
(Date of incorporation) (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. 425 N New Ballas Road, Suite 175, Saint Louis, MO 63141
(Principal office address)

same
(Current mailing address)

8. Formation of a non-resident 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 NOT acceptable)

Name: C T Corporation System

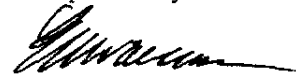
Office Address: 1200 South Pine Island Road

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:  E. A. Wallace
(Registered agent's signature) Assistant Secretary

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:

FILED
05 MAR - 8 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Patrick E McAleenan

Address: 425 N New Ballas Road, Suite 175

Saint Louis, MO 63141

Director: Novis D. Adkins

Address: 425 N New Ballas Road, Suite 175

Saint Louis, MO 63141

B. OFFICERS

President: Patrick E McAleenan

Address: 425 N New Ballas Road, Suite 175

Saint Louis, MO 63141

Vice President: Novis D. Adkins

Address: 425 N New Ballas Road, Suite 175

Saint Louis, MO 63141

Secretary: Novis D. Adkins

Address: 425 N New Ballas Road, Suite 175 Saint Louis, MO 63141

Treasurer: Patrick E McAleenan

Address: 425 N New Ballas Road, Suite 175 Saint Louis, MO 63141

FILED
05 MAR - 8 AM 10:13
TALLAHASSEE, FLORIDA

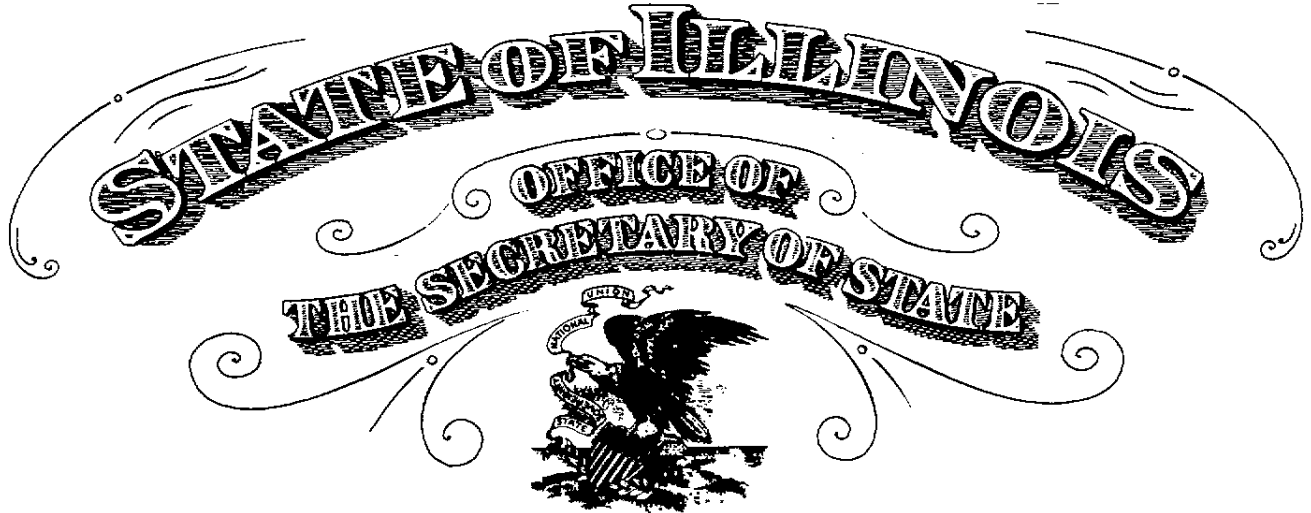
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Novis D. Adkins
(Signature of Director or Officer listed in number 12 of the application)

14. NOVIS D. ADKINS, VICE PRESIDENT
(Typed or printed name and capacity of person signing application)

File Number

5879-129-6



To all to whom these Presents Shall Come, Greeting:

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

INSURANCE RISK MANAGERS OF MISSOURI, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE APRIL 1, 1996, 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*****

41 5

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH *day of* FEBRUARY *A.D.* 2005



Jesse White

SECRETARY OF STATE