

F05000005948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

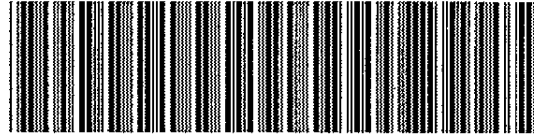
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 OCT 11 P 3:23

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Insurserv 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:

Lisa ZeBarth
(Name of Person)
Insurserv Inc
(Firm/Company)
P.O. Box 6
(Address)
Twin Falls ID 83301
(City/State and Zip code)

For further information concerning this matter, please call:

Lisa ZeBarth at (308) 737-6467
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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2005 OCT 11 P 3:23
TALLAHASSEE, FL
SECRETARY OF STATE

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

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

2. Idaho 3. 82-0460006
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03-26-1993 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. 157 River Vista Place Twin Falls Id 83301
(Principal office address)

P.O. Box 6 Twin Falls Id 83303
(Current mailing address)

8. Insurance Sales
(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: CT 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.

(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.

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TALLAHASSEE
SECRETARY OF STATE

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BUSINESS IN FLORIDA**

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

Premier Insurance

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

2. Idaho 3. 820460006
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 26, 1993 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. 157 River Vista Place Twin Falls ID 83301
(Principal office address)
- P O Box 6 Twin Falls ID 83303
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By: Kathleen C. Gariepy, Asst. Sec.
(Registered agent's signature)

Kathleen C. Gariepy, Asst. Sec.

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TALLAHASSEE, FL
SECRETARY OF STATE

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

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

13. Denise H Metcalf

(Signature of Director or Officer listed in number 12 of the application)

14. DENISE H Metcalf

(Typed or printed name and capacity of person signing application)

Premier Insurance
Directors & Officers

<u>Name</u>	<u>Home Address</u>	<u>City</u>	<u>St</u>	<u>Zip</u>	<u>SSN</u>	<u>Birthdate</u>	<u>Position/Title</u>
Peter McDonald	223 E Highland View Dr	Boise	ID	83702		11/02/1970	President/Partner
Walt Maguire	1311 Julie Lane	Twin Falls	ID	83301		02/14/1951	Vice President - Finance
Denise Metcalf	P.O. Box 52	Gooding	ID	83330		08/11/1965	Vice President - Operations/HR
Craig M. Casperson	3281 E. 3500 N.	Kimberly	ID	83341		10/15/1958	Partner/Producer
Tracy R. Hawker	1003 West 300 South	Blackfoot	ID	83221		01/30/1964	Partner/Producer
Debra S. Hetherington	1877 Poleline Road East	Twin Falls	ID	83301		01/31/1952	Partner/Producer
Curtice B. Mathews	20 South 1050 West	Blackfoot	ID	83221		05/06/1957	Partner/Producer
Steve Ball	9340 Lyle	Boise	ID	83709			Vice President - Marketing
Toni Hughes	3298 Longbow Drive	Twin Falls	ID	83301		2/2/1968	Training & Development Administrator

State of Idaho

Office of the Secretary of State

CERTIFICATE OF EXISTENCE

OF

INSURSERV, INC.

File Number C-101548

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the corporation records of this State.

I FURTHER CERTIFY That the records of this office show that the above-named corporation was incorporated under the laws of Idaho on 26 Mar 1993.

I FURTHER CERTIFY That the corporation is in goodstanding on the records of this office.

Dated: 06 Oct 2005



Ben Ysursa
SECRETARY OF STATE

Authentic Access Idaho Document (<http://www.accessidaho.org/public/portal/authenticate.html>)
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