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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

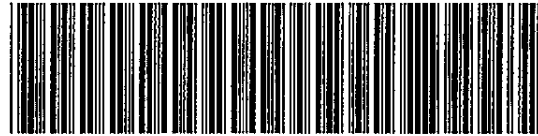
(Business Entity Name)

(Document Number)

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

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**AFFILIATED COMPANIES**

Association Group Insurance Administrators  
Administration Associates, Inc.  
Insurance Central®



**A G I A Insurance Services**

**November 16, 2005**

**Florida Division of Corporations  
Registration Section  
PO Box 6327  
Tallahassee FL 32314**

Re: Application for Authorization to transact business as a Foreign Corporation

To Whom It May Concern:

Enclosed you will find an application for authorization to transact business as a foreign corporation in Florida. Items enclosed are:

- Transmittal Letter
- Application form
- Check for \$87.50 (fee for filing, Certificate of Status and Certified Copy)
- Certificate of Good Standing from California Secretary of State
- Exhibits as required

You may contact me directly at (805)566-9191 Extension 1125, or by email at [bweinberg@agia.com](mailto:bweinberg@agia.com) if you have any concerns or questions. Thank you for your assistance.

**Sincerely,**

**Bonnie Weinberg  
Licensing Administrator  
Association Group Insurance Administrators**

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ASSOCIATION GROUP INSURANCE ADMINISTRATORS, 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:

BONNIE WEINBERG

(Name of Person)

ASSOCIATION GROUP INSURANCE ADMINISTRATORS

(Firm/Company)

1155 EUGENIA PLACE

(Address)

CARPINTERIA CA 93013

(City/State and Zip code)

For further information concerning this matter, please call:

BONNIE WEINBERG

(Name of Person)

at ( 805 566-9191 #1125

(Area Code & Daytime Telephone Number)

**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. ASSOCIATION GROUP INSURANCE ADMINISTRATORS, INC.**

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

**ASSOCIATION GROUP INSURANCE ADMINISTRATORS INC. OF CALIFORNIA**

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

2. CALIFORNIA 3. 95-1948500  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/20/1956 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. 1155 EUGENIA PLACE, CARPINTERIA CA 93013  
(Principal office address)
- 1155 EUGENIA PLACE, CARPINTERIA CA 93013  
(Current mailing address)

8. **MASS MARKETING SOLICITATION AND SALES OF GROUP INSURANCE PRODUCTS**  
(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: NRAI Services Inc.

Office Address: 2731 Executive Park Drive Suite 4  
Weston FL, Florida 33331  
(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.

*Christ M. McLaughlin*  
(Registered agent's signature) ASST. SECY  
NRAI Services, Inc.

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:

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**A. DIRECTORS**

Chairman: SEE ATTACHED

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

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

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: SEE ATTACHED

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

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

13. \_\_\_\_\_

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

14. JOHN B. WIGLE, PRESIDENT

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

**OFFICERS/DIRECTORS AND SHAREHOLDERS FOR  
ASSOCIATION GROUP INSURANCE ADMINISTRATORS  
April 2005**

NAME	ADDRESS	DESIGNATIONS
JOHN BYRON WIGLE	1155 EUGENIA PLACE CARPINTERIA CA 93013	PRINCIPAL OFFICER (PRESIDENT), SHAREHOLDER
JULIETTE L. CARPITTO	1155 EUGENIA PLACE CARPINTERIA CA 93013	BOARD DIRECTOR
PATRICIA M. CARD-VASQUEZ	1155 EUGENIA PLACE CARPINTERIA CA 93013	PRINCIPAL OFFICER (TREASURER, VICE PRESIDENT, DIRECTOR) PRINCIPAL OFFICER (SECRETARY)

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**  
**DOMESTIC CORPORATION**

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That on the **20th day of December, 1956, ASSOCIATION GROUP INSURANCE ADMINISTRATORS** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of October 6, 2005.



A handwritten signature in cursive script, appearing to read "Bruce McPherson".

BRUCE McPHERSON  
Secretary of State