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06 JUL 17 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JOHN D. HATCH, P.C.

A PROFESSIONAL CORPORATION
COUNSELOR AT LAW

1267 BERKSHIRE LN, SUITE 200
TARPON SPRINGS, FL 34688

TELEPHONE: (727) 945-7768
FACSIMILE: (727) 945-7769
E-MAIL: JOHN@JDHATCHPC.COM

June 30, 2006

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

**Re: CENTRAL INSURANCE MANAGEMENT, INC. – Application for
Authorization To Transact Business in Florida**

Dear Sir or Madam:

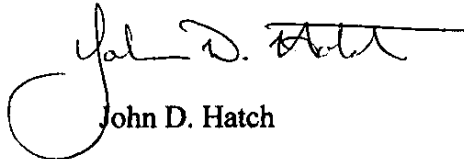
Enclosed please find an application by Central Insurance Management, Inc., an Illinois corporation for authorization to transact business in Florida. Also enclosed is a current certificate of existence from the Illinois Secretary of State.

Please endorse the Secretary's file mark and file as appropriate, and forward a certified copy to the corporation's contact person.

Enclosed is our check for \$78.75 payable to the **Florida Dept. of State** to cover the filing fee and certified copy.

If you require anything additional, please let me know. Thanking you for your assistance,
I am,

Respectfully,



John D. Hatch

JDH:pc



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2006

CHRISTY S. EWALT
CENTRAL INSURANCE MANAGEMENT, INC.
3625 N. SHERIDAN ROAD
PEORIA, IL 61633

SUBJECT: CENTRAL INSURANCE MANAGEMENT, INC.
Ref. Number: W06000030110

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JUL 12 2006
CIM

We have received your document for CENTRAL INSURANCE MANAGEMENT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the complete addresses for all officer/director of the corporation on the application. i.e. MIKE KINNARY

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Document Specialist

Letter Number: 406A00043780

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06 JUL 18 AM 8:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Central Insurance Management, 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:

Christy S. Ewalt

(Name of Person)

Central Insurance Management, Inc.

(Firm/Company)

3625 N. Sheridan Road

(Address)

Peoria, IL 61633

(City/State and Zip code)

For further information concerning this matter, please call:

Christy S. Ewalt

(Name of Person)

at (309) 682-2334

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing 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. Central Insurance Management Inc.

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

CIM Insurance Management

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

2. Peoria, IL

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

3. 37 1241304

(FEI number, if applicable)

4. 12/15/1988

(Date of incorporation)

5. "Perpetual"

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

6. NA

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

7. 3625 N. Sheridan Road, Peoria, IL 61633

(Principal office address)

3625 N. Sheridan Road, Peoria, IL 61633

(Current mailing address)

8. Non-resident insurance agency sales & service

(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: John D. Hatch, Esq.

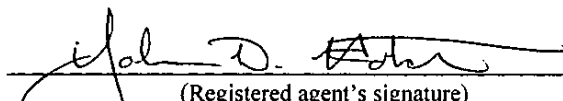
Office Address: 1267 Berkshire Lane, Suite 200

Tarpon Springs, Florida 34688
(City) (Zip code)

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06 JUL 17 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Dean J. Parker

Address: 1055 E. Dunne St.

Morton, IL 61558

Director: John Polak

Address: 3625 N. Sheridan Road, Peoria, IL 61633

B. OFFICERS

President: Dean J. Parker

Address: 1055 E. Dunne St.

Morton, IL 61558

Vice President: Christy S. Ewalt

Address: 257 N. Cone

Farmington, IL 61531

Secretary: Mark Lucas

Address: 3625 N. Sheridan Road, Peoria, IL 61633

Treasurer: Mike Kinnary MICHAEL T. Kinnary

Address: Chillicothe, IL 1105 N. MANNING DRIVE, Chillicothe, IL 61523

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

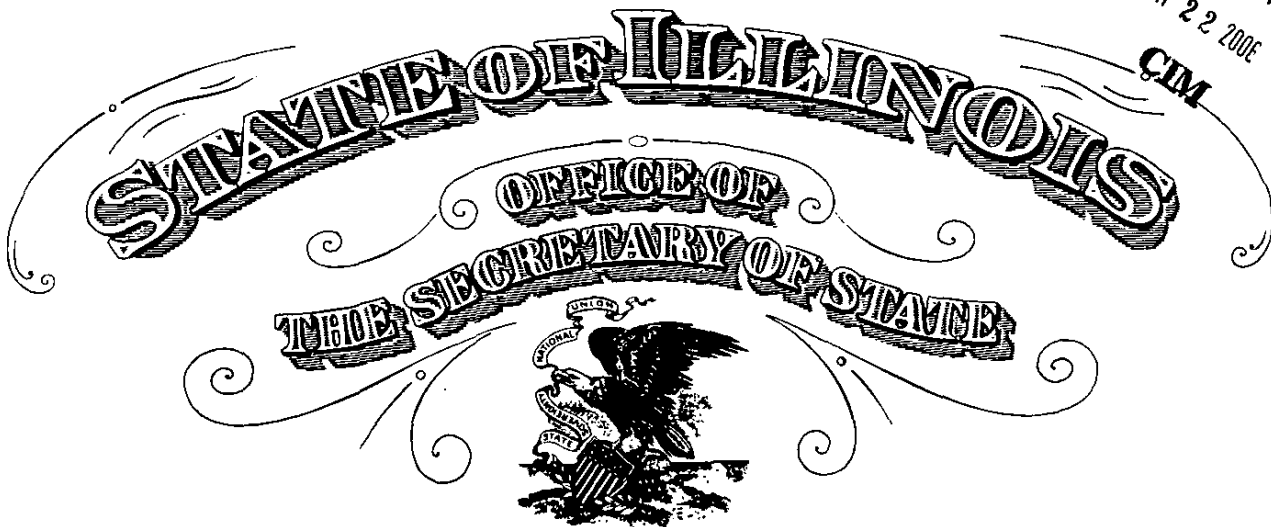
13. Christy S. Ewalt
(Signature of Director or Officer listed in number 12 of the application)

14. Christy S. Ewalt Vice President
(Typed or printed name and capacity of person signing application)

File Number

5533-110-3

RECEIVED
MAY 22 2006
CM



To all to whom these Presents Shall Come, Greeting:

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

CENTRAL INSURANCE MANAGEMENT, INC., A
DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE
DECEMBER 15, 1988, 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*****



*In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this* 18TH
day of MAY *A.D.* 2006 .

Jesse White

SECRETARY OF STATE