

Fd0000006790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/13/06--01036--003 **78.75

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06 OCT 30 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CB 10-30-06
Ab-31391

KENNEDY LICENSING SERVICE, INC.

***** PROMPT ATTENTION REQUESTED *****

6/15/2006

Corp. Div.
FL Secy. of State
P.O. Box 6327
Tallahassee, FL 32314

Re: **American Insurance Administrators, Inc.**

Enclosed are the necessary applications to qualify the above referenced foreign corporation. Included are check(s) in the amount of \$78.75.

This corporation is anxious to obtain an insurance license in your state. Therefore, please process their application as soon as possible and forward the approved duplicate copy (if applicable) and Certificate of Authority to my attention (ppd. env. attached).

If you have any questions or require additional information, please contact me at 214-855-0737. Your cooperation and prompt attention to this request is greatly appreciated.

Sincerely,
Kennedy Licensing Service, Inc.

Deanna Stanley

Deanna Stanley
Initial Lic'g Mgr.
Email: dstanley@kennedylicensing.com

cc: American Insurance Administrators, Inc.
VICTRIX (FL), Reg. Agt.

Enc: \$78.75 fee, App. in dup., Cert. G.S.

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2006

DEANNA ATANLEY
2501 THOMAS AVE
DALLAS, TX 75201

SUBJECT: AMERICAN INSURANCE ADMINISTRATORS, INC.
Ref. Number: W06000031391

We have received your document for AMERICAN INSURANCE ADMINISTRATORS, 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):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with 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) 245-6925.

Cynthia Blalock
Document Specialist

Letter Number: 806A00045425

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: American 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:

Deanna Stanley

(Name of Person)

Kennedy Licensing Service, Inc.

(Firm/Company)

2501 Thomas Avenue

(Address)

Dallas, TX 75201

(City/State and Zip code)

For further information concerning this matter, please call:

Deanna Stanley

(Name of Person)

at (214) 855-0737

(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. American Insurance Administrators, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
Insurance Agency Alliance of Central PA, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Pennsylvania 3. 25-1691584
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/22/92 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 4550 Lena Drive Mechanicsburg, PA 17055
(Principal office address)
4550 Lena Drive Mechanicsburg, PA 17055
(Current mailing address)
8. Nonresident insurance agency sales and 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, Esquire
Office Address: 1267 Berkshire Lane, Suite 200
Tarpon Springs, Florida 34688
(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.

John D. Hatch
(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: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: **SEE ATTACHED LIST**

Address: _____

Vice President: _____

Address: _____

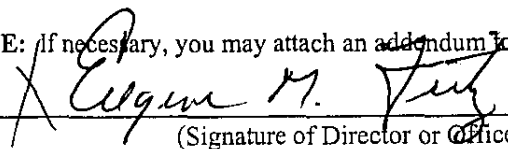
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. **Eugene M. Fritz, President** _____
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AMERICAN INSURANCE ADMINISTRATORS, INC.

Stockholders, Officers & Directors

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Eugene M. Fritz
33 1/3% Stockholder, Pres. & Dir.
1410 Waterford
Camphill, PA 17011

Donald R. Wert
33 1/3% Stockholder, Ex. V.P.,
Treas. & Dir.
647 Sawmill Rd.
Mechanicsburg, PA 17055

Dan G. Dorsheimer
33 1/3% Stockholder, Secy. & Dir.
317 Blacklatch Lane
Camp Hill, PA 17011

Stephen G. Eppley
Vice President
183B Dew Drop Rd.
York, PA 17402

Kathy R. Reisinger
Asst. Secretary
16 E. Maple St., Box 147
E. Prospect, PA 17317

Patricia C. Robinson
Asst. Secretary
506 Ninth St.
New Cumberland, PA 17070

MAY 09 2006

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

MAY 4, 2006

FILED
06 OCT 30 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

AMERICAN INSURANCE ADMINISTRATORS, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and
remains a subsisting corporation so far as the records of this office show, as of
the date herein.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.

Pedro A. Cortes

Secretary of the Commonwealth