

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 12000000195

Phone

: (850)521-1000

Fax Number

: (850)558-1575

FOREIGN PROFIT/NONPROFIT CORPORATION

WELLS FARGO INSURANCE SERVICES OF NORTH CAROLINA

Certificate of Status	0
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, PUORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREIGN CORPORATION TO TRANSACT RUSINESS IN THE STATE OF FLORIDA

(Enter name of "Inc.," "Co.," "C	corporation; must include "INC Corp," "inc," "Co," or "Corp.")	ORPORATED," "CO	MPANY," "CORPORAT	ion,"
		:		
(If name unavai	lable in Florida, enter alternate	corporate name adopte	d for the purpose of transac	Xing business in Florida)
North Carolina		, 62-17	77865	
(State or country	under the law of which it is inc	orporated)	(FSI number, if a	pplicable)
11-18-1983		5. perpe	ual ,	
(Date	e of incorporation)		tion: Year corp, will cease	to exist or "perpetual")
	(Date first transe	icted business in Flori	la, if prior to registration)	ist. S
2280 S. Church :		,1501 & 607.1502, F.3	I. to determine penalty list	nde h)
ZZSU S. CREECH :				
W. 17 1200 A	•	cipal office address)		
Burlington NC 2		1		
	(Carr	ent mailing address)		
insurance agenc	у .			
(Purposé(s) of corporation authorized in h	ions state of country !	o be carried out in state of l	Florida)
	et address of Florida registere	-		
		_	TAO T accelyrante)	1
Name:	Corporation Service Compan	у ,		
fice Address:	1201 Hays Street		_	
	Tallahassee			21. S
	(City)		Florida (Zip code)	>
	(City)	•	(Zig code)	<i>co</i> .
	ent's acceptance:	;		:
ving been name Sivaated in this	ed as registered agent and to application, I hereby accept) accept service of p the annoinment as	rocess for the above state registered pamet and ou	td corporation at the plac rea to act in this canceit
ther agree to co	amply with the provisions of	all statutes relative	to the proper and compl	ete performance of my di
d I am familiar	with and accept the obligati	ons of my position a	s registered agent.	
	medica foresta formana	•	2 836 vm 4:	
	// L1/X(I) \	Amanda Haddar as its agent	1	
B				

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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OFFICERS		the day sending
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FR: If neppessers some may ettenh s	addendum to the application listing additi	lama) afficure and/a-divase-
Solar B. M. Gre		oust officers sumor directors.
Simplify of Dir	ector or Officer listed in number 12 of the	tiosofau)

Officers and Directors
WELLS FARGO INSURANCE SERVICES OF NORTH CAROLINA, INC.

Name	Office Held	Business Address
Broderick, Deborah M.	Senior Vice President	- 150 N. Michigan Avenue
	Assistant Secretary	Suite 4100
	Director	Chicago, IL 60601
Greco, Robert M.	Director	150 N. Michigan Avenue
•	Secretary	Suite 4100
<u>_</u>	,	Chicago, IL 60601
Ostermeier, Christine	Treasurer	150 N. Michigan Avenue, Suite 4100
- -		Chicago, IL 60601
Paterno, Andrew J.	President	Acordia of West Virginia, Inc.
•		One Hillcrest Drive, East
_		Charleston, WV 25311

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NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

WELLS FARGO INSURANCE SERVICES OF NORTH CAROLINA, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 18th day of November, 1983, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.Q.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



Certification# 86180816-1 Reference# 8423840- Page: 1 of 1 Verify this certificate online at www.sccretary.state.nc.us/verification. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Ruleigh, this 12th day of December, 2006.

Secretary of State

Claire I. Marshall