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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

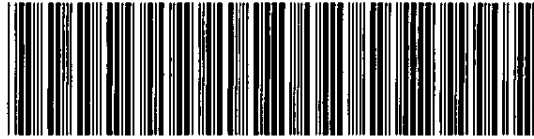
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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Truckers Insurance Associates, 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:

(Name of Person)  
Truckers Insurance Associates, Inc.  
(Firm/Company)  
1280 Office Plaza Drive  
(Address)  
West Des Moines, IA 50266  
(City/State and Zip code)

For further information concerning this matter, please call:

Sandra Filean at ( 800 ) 652-9515 ext 2974  
(Name of Person) (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. Truckers Insurance Associates, Inc.

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

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

2. Iowa

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

3. 42-0918821

(FEI number, if applicable)

4. October 29, 1965

(Date of incorporation)

5. Perpetual

(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. 1280 Office Plaza Drive, West Des Moines, IA 50266

(Principal office address)

PO Box 1494, Des Moines, IA 50305

(Current mailing address)

8. Insurance wholesaler and retailer

(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, Ste 4

Weston

(City)

, Florida

33331

(Zip code)

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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.*

NRAI Services, Inc

By: Christian Eubanks

(Registered agent's signature)

**Christian Eubanks, Assistant Secretary**

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: Cheryl Albaugh (Assistant Secretary)

Address: 1280 Office Plaza Drive

West Des Moines, IA 50266

Director: Karen Wilson (Assistant Treasurer)

Address: 1280 Office Plaza Drive

West Des Moines, IA 50266

**B. OFFICERS**

President: John Douglas Wilson

Address: 1280 Office Plaza Drive

West Des Moines, IA 50266

Vice President: Gary Albaugh (CEO)

Address: 1280 Office Plaza Drive

West Des Moines, IA 50266

Secretary: Gary K. Albaugh

Address: 1280 Office Plaza Drive, West Des Moines, IA 50266

Treasurer: John Douglas Wilson

Address: 1280 Office Plaza Drive, West Des Moines, IA 50266

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

13.  3-27-08

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

14. Gary Albaugh - CEO

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

**IOWA SECRETARY OF STATE  
MICHAEL A. MAURO**



Date: 03/27/2008

**CERTIFICATE OF EXISTENCE**


Name: TRUCKERS INSURANCE ASSOCIATES, INC. (490 DP - 41198)  
Date of Incorporation: 10/29/1965  
Duration: PERPETUAL

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report has been filed by the Secretary of State, and that articles of dissolution have not been filed.

Certificate ID: CS20166

To validate this certificate please visit  
the following web site and enter the certificate ID.

**[www.sos.state.ia.us/ValidateCertificate](http://www.sos.state.ia.us/ValidateCertificate)**

  
**MICHAEL A. MAURO      SECRETARY OF STATE**