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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					
Special Instructions to Filing Officer:					
·					

Office Use Only

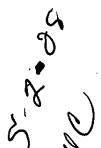


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SECRETARY OF STATE





*** PROMPT ATTENTION REQUESTED ***

4/28/2008

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

Re: McGrath Insurance Group

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
Vice President & Initial Lic'g Manager
Email: dstanley@kennedylicensing.com

cc: McGrath Insurance Group VICTRIX (FL), Reg. Agt.

Enc: App. in dup.,, Cert. G.S.,, Ofcr & dir list

SECRETARY OF STATE

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COVER LETTER ES	w ^w				
TO: New Filing Section Division of Corporations	Ţ				
SUBJECT: McGrath Insurance Group, Inc.	7				
(Name of corporation - must include suffix)					
Dear Sir or Madam:	ھ				
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.	Ö				
Please return all correspondence concerning this matter to the following:					
Deanna Stanley					
(Name of Person)					
Kennedy Licensing Service, Inc.					
(Firm/Company)	_				
3878 Oak Lawn Ave., Suite 210					
(Address)	-				
Dallas, TX 75219					
(City/State and Zip code)	-				
For further information concerning this matter, please call:					
For further anormation concerning this matter, please can.					
Deanna Stanley at (214) 855-0737					
Deanna Stanley at (214) 855-0737 (Name of Person) (Area Code & Daytime Telephone Number)					
STREET/COURIER ADDRESS: MAILING ADDRESS:					
New Filing Section New Filing Section Physician of Company in a Section					
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327					
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301					
Enclosed is a check for the following amount:					
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy	s &				

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.	McGrath Insurance Group, In		
	of corporation; must include "INCORPORATI" "Corp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATIO	N,"
(If name unav	ailable in Florida, enter alternate corporate na	me adopted for the purpose of transactir	ng business in Florida)
۷.	souri	3	
(State or count	ry under the law of which it is incorporated)	(FEI number, if app	licable)
4. 7/1	/88	_{5.} perpetual	
(D:	ate of incorporation)	(Duration: Year corp. will cease to	exist or "perpetual")
6.	UPON QUALIFICATION		
	(Date first transacted busines	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liabili	ity)
7. 16	4 N. State Highway 5	Camdenton, MO 65020	
<u> </u>	(Principal office a		
P.0	. Box 1260 Camdenton, M	0 65020	
	(Current mailing		
。Nonres	ident insurance agency	sales and service	
··	e(s) of corporation authorized in home state o		orida),
0 Name and at	reet address of Florida registered agent: (P.O. Boy NOT acceptable)	ALC 2000
9. Ivanie and <u>Su</u>		<u> </u>	CRE A
Name:	John D. Hatch, Esqui	re	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Office Address:	1267 Berkshire Lane,	Suite 200	mo v
	Tarpon Springs	, Florida 34688	
	(City)	(Zip code)	PATE 3
10 Pagistared	agent's accentance	·	A

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: Vice Chairman: Address: Director: ___ Address: Director: ___ Address: **B. OFFICERS** President: SEE ATTACHED LIST Vice President: Address: ___ Secretary: __ Address: ___ Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

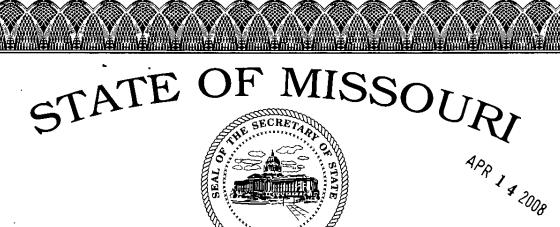
(Typed or printed name and capacity of person signing application)

Charles M. McGrath, President

MCGRATH INSURANCE GROUP, INC. STOCKHOLDERS / OFFICERS

Charles M. McGrath 100% Stockholder / President 344 Holly Oaks Lane Camdenton, MO 65020 Valerie B. McGrath Secretary 344 Holly Oaks Lane Camdenton, MO 65020

> 7000 MAY -2 P 1: 30 SECRETARY OF STATE



Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

MCGRATH INSURANCE GROUP, INC. 00316860

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SECRETARY OF STATE
SECRETARY OF STATE

was created under the laws of this State on the 1st day of July, 1988, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 3rd day of April, 2008



Certification Number: 10611179-15 Reference:

Verify this certificate online at http://www.sos.mo.gov/businessentity/verification

