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(Requestor's Name)	
· (Address)	600131647
(Address)	000101047
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	06/25/0801028
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	7
	ALLAHASSEE
	MR)

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Insurance Licensing Services

111 N. Railroad Street Groesbeck, TX 76642

Date	6/19/2008	
Eila#	767 K A S	

To: Florida Secretary of State	
Division of Corporations	
2661 Executive Center Circle	
Tallahassee FL 32301	
Dear Sir/Madam:	
This transmittal is for filing the following do	cument(s) on behalf of PointSure Insurance Services, Inc.
Application for Certificate	e of Authority
Enclosed are:	
Submission Cover Sheet	
Check for \$ 70.00	83830
Application form(s)	
Certificate of Good Standing	
Articles of Incorporation	

Please return all filed copied document(s) etc to:

ILSA Attn: Kristy Starling 111 N. Railroad Groesbeck, TX 76642

For any questions regarding this submittal, please contact:

Kristy Starling

(254) 729-6180

(254) 729-8069

kstarling@licensing4insurance.com

Telephone

Fax

E-Mail

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.

(State or country under the law of which it is incorporated) O5/15/1984 (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1501 4th Ave. Ste 2650 Seattle WA 98101 (Principal office address) 1501 4th Ave, Ste 2650 Seattle WA 98101 (Current mailing address) wholesaler commercial insurance broker (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company		ance Services, Inc.				
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida. WA 3. 91-1373479 (State or country under the law of which it is incorporated) (FEI number, if applicable) 05/15/1984 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1501 4th Ave. Ste 2650 Seattle WA 98101 (Principal office address) 1501 4th Ave. Ste 2650 Seattle WA 98101 (Current mailing address) wholesaler commercial insurance broker (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)				DMPANY," "COI	RPORATION.	•
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(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)						
	wholesaler cor	nmercial insurance broker	•			1.5
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company ffice Address: 1201 Hays Street Tallahassee , Florida 32301 (City) (Zip code)	(Purpose(s	i) of corporation authorized i	n home state or country	to be carried out i	in state of Flori	
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Tallahassee , Florida 32301	.05 111	1201 Hays Street				SS
Tallahassee , Florida 32301	flice Address:					员会 茎
(City) (Zip code) 另至 O		Tallahassee		, Florida 32301		FS 5
100 pt 10		(City)		code)	紀の
	0. Registered as	gent'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.

By: William M. Edrington

(Registered agent's signature)

William M. Edrington, Authorized Representative
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. DIREC	CTORS
Chairman:	Please see attached.
	. 98290
171 - 201 - 1	
Vice Chairn	nan:
Address: _	
_	
Director: _	
Director: _	
Address: _	
	·
B. OFFIC	EERS
President:	Please see attached.
_	
Address:	
_	
Vice Preside	ent:
Address: _	
Secretary: _	
Address:	
Treasurer:	
Address: _	
NOTE: If	necessary, you may attach an addendum to the application listing additional officers and/or directors.
13.	(rug) Down
	(Signature of Director or Officer listed in number 12 of the application)
14.	Craig Pankow/President (Typed or printed name and capacity of person signing application)
	(1) begon to business usine and eabacity of berson signing abbusation)

PointSure Insurance Services, Inc. Director & Officer Rider

President: Craig Pankow

Resident Address 11407 42ND ST SE Snohomish, WA 98290

Business Address 1501 4th Ave, Ste 2650 Seattle, WA 98101

Chairman, CEO:

John Pasqualetto

15219 NE 177th Dr. Woodinville, WA 98072

1501 4th Ave, Ste 2650 Seattle, WA 98101

Sr. Executive Vice President:

Richard Gergasko

45714 SE 139th PL North Bend, WA 98045 1501 4th Ave, Ste 2650 Seattle, WA 98101

Sr. VP, Corporate Secretary:

Debra Wax

1150 Cedarcrest Ln. Bannockburn, IL 60015 1501 4th Ave, Ste 2650 Seattle, WA 98101

Sr. Vice President, CFO, Assistant Secretary:

Joseph De Vita

4427 240th PL SE Bothell, WA 98021

1501 4th Ave, Ste 2650 Seattle, WA 98101

Sr. Vice President:

Richard Seelinger

27214 SE 27th St. Sammamish, WA 98075 1501 4th Ave, Ste 2650 Seattle, WA 98101

Vice President- Finance, Assistant Secretary:

Miles Romney

13018 177th PL NE Redmond, WA 98052

Readfield, ME 04355

1501 4th Ave, Ste 2650 Seattle, WA 98101

Director:

Joseph Edwards

1015 Main St.

1501 4th Ave, Ste 2650 Seattle, WA 98101

Director:

Peter Chung

735 Seabury Rd.

1501 4th Ave, Ste 2650 Seattle, WA 98101

Hillborough, CA 94010



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF POINTSURE INSURANCE SERVICES, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit

Corporation was formed under the laws of the State of WA and was issued a Certificate Of

Incorporation in Washington on 5/15/1984.

I FURTHER CERTIFY that as of the date of this certificate, POINTSURE INSURANCE SERVICES, INC. remains active and has complied with the filing requirements of this office.

Date: May 13, 2008

UBI: 601-223-206

JUN 25 AM IO: 01
CRETAKY OF STATI
CAHASSEE, FLORI

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State



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KARAKAK.