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(Re	equestor's Name)	
(Ad	ldress)	
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. (Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
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(DO	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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MP314

COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT: Vanguard Insurance Agency, 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:					
Gloria A. Goldbranson					
(Name of Person)					
Vanguard Insurance Agency, Inc.					
(Firm/Company)					
215 Shuman Blvd., Suite 400					
(Address)					
Naperville, IL 60563					
(City/State and Zip code)					
For further information concerning this matter, please call:					
Gloria A. Goldbranson at (630) 864-3477					
(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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Enclosed is a check for the following amount:					
\$70.00 Filing Fee \$\bigcup \\$78.75 Filing Fee & \bigcup \\$78.75 Filing Fee & \bigcup \\$87.50 Filing Fee, Certificate of Status & 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.

	Insurance Agency, Inc.			
(Enter name of c	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED	" "COMPANY," "CORPORATION,"	
110., 00.,	orp, me, co, or corp.			
(If name unavails	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Flo	orida)
_{2.} Illinois		3.	36-2777624	
(State or country	under the law of which it is incorporated)	-	(FEI number, if applicable)	
_{4.} <u>08-09-197</u>		5.	Perpetual	
•	of incorporation)		(Duration: Year corp. will cease to exist or "perpet	ual")
_{5.} <u>N/A</u>				
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
, 215 Shuma	an Blvd., Suite 400, Naper			
· <u> </u>	(Principal office			
215 Shuma	an Blvd., Suite 400, Naper	vil	le, IL 60563	
	(Current mailing		-	
,			n soliciting and receiving applications for all kin	ds of insurance
(Purpose(s)	of corporation authorized in home state o	r co	untry to be carried out in state of Florida)	
Name and street	t address of Florida registered agent: (P.C	Box NOT acceptable)	SECRETARY OF STATE
Name:	_Corporation Service Com	npa	ıny.	温支了
Office Address:	1201 Hays Street			SSE - [
	Tallahassee		Florida 32301	用泉
	(City)		, Florida 32301 (Zip code)	To Control
0 Registered ago	ent's acceptance:			器 2
		rvi	ce of process for the above stated corporation at	
lesignated in this o	application, I hereby accept the appoi	nin	ent as registered agent and agree to act in this	capacity. I
	mply with the provisions of all statute with and accept the oblivations of mv		elative to the proper and complete performance sition as revistered avent.	of my duties,
•))	/	
		/		
	Aukala (a	4	BOR ASH Secretary	
	(Registered agent's alguatur	те)		
1. Attached is a co	ertificate of existence duly authenticate	d , :	not more than 90 days prior to delivery of this ap	plication to
			ficial having custody of corporate records in the	

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:	FILED					
A. DIRECTORS	09 MAY -1 PM 3: 22					
Chairman: Stephen L. Stephano	SECRET:					
Address: 702 Oberlin Rd.	SECRETARY OF STATE FALLAHASSEE FLORIDA					
Raleigh, NC 27605						
Vice Chairman:						
Address:						
Director: Lawrence A. Writt						
Address: 215 Shuman Blvd., Suite 400, Naperville, IL	60563					
Director: Edward A. Kerbs						
48 Wall Street, 30th Floor, New York, NY 10005						
B. OFFICERS President: Stephen L. Stephano						
Address: 702 Oberlin Rd.						
Raleigh, NC 27605						
Vice President: Sandra L. Yambor						
Address: 215 Shuman Blvd., Suite 400						
Naperville, IL 60563						
Secretary: Michael D. Blinson						
Address: 702 Oberlin Rd., Raleigh, NC 27605						
Treasurer: David G. Pirrung						
Address: 702 Oberlin Rd., Raleigh, NC 27605						
NOTE: If necessary, you may attach an addendum to the application listin	g additional officers and/or directors.					
13 (Chadra) Carrell						
(Signature of Director or Officer listed in number 12 of the application) Sandra L. Yambor, Vice President						
(Typed or printed name and capacity of person sign	ning application)					
	/					

FILED 09 MAY -1 PM 3: 22

Vanguard Insurance Agency, Inc. 215 Shuman Blvd., Suite 400 Naperville, IL 60563 FEIN: 36-2777624

SECRETARY OF STATE TALLAHASSEE FLORIDA

Additional Officers and Directors Listing

Officers:

Lawrence A. Writt, Senior Vice President 215 Shuman Blvd., Suite 400 Naperville, IL 60563



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

VANGUARD INSURANCE AGENCY, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 09, 1973, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH

day of

APRIL

A.D.

2009

Authentication #: 0910800304

Authenticate at: http://www.cvberdriveillinois.com

SECRETARY OF STATE