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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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gf 11/10/09



111 N. Railroad St.
P.O. Box 390
Groesbeck, TX 76642
Tel: 254.729.8002
licensing@ilsainc.com

November 5, 2009

Florida Secretary of State
Division of Corporations
Corporate Filings
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir/Madam:

Re: Application for Certificate of Authority

We are filing the following documents on behalf of **Walter R. Anderson Insurance Services, Inc.**

The items checked below are enclosed.

- ☒ Application for Certificate of Authority
- ☒ Check #103639 i/a/o \$70.00
- ☒ Certificate of Status

Should you need anything further, please do not hesitate to contact me.

Please return all filed documents to my attention.

Sincerely,

A handwritten signature in cursive script that reads "D. McLain".

Debbie McLain
Licensing and Compliance Specialist
PO Box 390
111 N. Railroad
Groesbeck, TX 76642
Ph: 254-729-6129
Fax: 254-729-8069
dmclain@ilsainc.com

cc: 1107/CQ/6748

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**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. Walter R. Anderson Insurance Services, 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. CA 3. 770100216
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/11/1986 5. Perpetual
(Date of incorporation) (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. 1834 Bath Street, Santa Barbara, CA 93101
(Principal office address)

1834 Bath Street, Santa Barbara, CA 93101
(Current mailing address)

8. Non-Resident Insurance Agency for Profit
(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (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.

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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:

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DIVISION OF CORPORATION

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Walter R. Anderson

Address: 1834 Bath Street, Santa Barbara, CA 93101

Vice President: Denise Anderson

Address: 1834 Bath Street, Santa Barbara, CA 93101

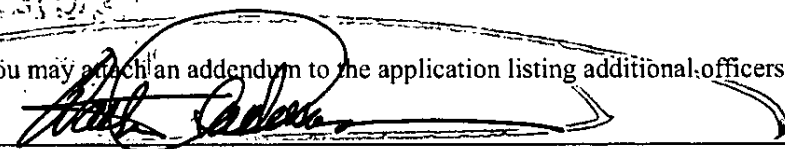
Secretary: Denise Anderson

Address: 1834 Bath Street, Santa Barbara, CA 93101

Treasurer: Walter R. Anderson

Address: 1834 Bath Street, Santa Barbara, CA 93101

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

13. X  _____

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

14. Walter Anderson

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

State of California
Secretary of State

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DIVISION OF CORPORATIONS

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CERTIFICATE OF STATUS

ENTITY NAME:

WALTER R. ANDERSON INSURANCE SERVICES, INC.

FILE NUMBER: C1526077
FORMATION DATE: 03/11/1986
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to exercise
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of October 02, 2009.

Debra Bowen

DEBRA BOWEN
Secretary of State