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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

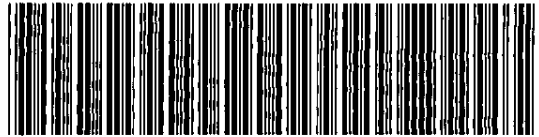
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2000 FEB 11 P 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-81-2
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TRUCKERS BENEFIT RISK PURCHASING GROUP
3311 DANIELS LANE
PO BOX 340
SOUTH SIOUX CITY NE 68776-0340

February 8, 2010

New Filings Section
Division of Corporations
PO Box 6327
Tallahassee FL 32314

FILED
2010 FEB 11 P 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: Truckers Benefit Risk Purchasing Group

Dear Clerk:

Enclosed please find an Application by Not for Profit Corporation for Authorization to Conduct its Affairs in Florida completed on behalf of Truckers Benefit Risk Purchasing Group. Also enclosed is a Certificate of Existence issued by the Nebraska Secretary of State on January 22, 2010, and the filing fee of \$100.00 as required for non-profit corporations.

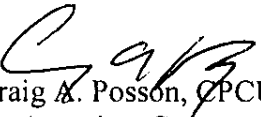
Upon approval, please send the Certificate of Authority to my attention.

If you have any questions, please contact my office.

Thank you for your assistance.

Sincerely,

Truckers Benefit Risk Purchasing Group


Craig A. Posson, CPCU, AU, ARe, ARC, ARM, AIC, AIM
Sr. Associate Corporate Counsel
Phone: (402) 494-7738 Fax: (402) 494-7480
c.posson@gwccnet.com

CAP:mf

Enclosures

(TBRPG FL SOS submit)

COVER LETTER

FILED
2000 FEB 11 P 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: New Filing Section
Division of Corporations

SUBJECT: TRUCKERS BENEFIT RISK PURCHASING GROUP
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

CRAIG POSSON

Name of Person

TRUCKERS BENEFIT RISK PURCHASING GROUP

Firm/Company

3311 DANIELS LANE

Address

SOUTH SIOUX CITY NE 68776

City/State and Zip Code

c.posson@gwccnet.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig A. Posson

Name of Person

at (402) 494-7738

Area Code & Daytime Telephone Number

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Truckers Benefit Risk Purchasing Group, Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Nebraska 3. 38-3799635
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 12, 2009 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 3311 Daniels Lane, South Sioux City NE 68776
(Principal office address)
- same
(Current mailing address)
8. A risk purchasing group to purchase liability insurance on a group basis
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)
- Name: Daniel R. Aidif
- Office Address: 501 East South Street, Suite A
- Orlando, Florida 32801
(City) (Zip Code)

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.

Daniel R. Aidif
(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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12: Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Vincent C. Lamb

Address: 2905 Stone Carver Drive

Bloomington IN 47402

Director: Frank J. Whiting

Address: 8995 S.W. Miley Road

Wilsonville OR 97070

B. OFFICERS

President: Vincent C. Lamb

Address: 2905 Stone Carver Drive

Bloomington IN 47402

Vice President: Frank J. Whiting

Address: 8995 S.W. Miley Road

Wilsonville OR 97070

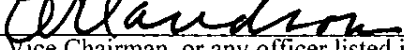
Secretary: David J. Erlandson

Address: 3311 Daniels Lane, South Sioux City NE 68776

Treasurer: Roxanna L. Lake

Address: 3311 Daniels Lane, South Sioux City NE 68776

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. David J. Erlandson, Secretary
(Typed or printed name and capacity of person signing application)

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2010 FEB 11 P 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRUCKERS BENEFIT RISK PURCHASING GROUP

FEIN: 38-3799635

CORPORATE OFFICERS AND DIRECTORS

Effective December 1, 2009

NAME	TITLE	MAILING ADDRESS
Vincent C. Lamb	President/Director	2905 Stone Carver Drive Bloomington IN 47402
Frank J. Whiting	Vice President/Director	8995 S.W. Miley Road Wilsonville OR 97070
David J. Erlandson	Secretary/Director	3311 Daniels Lane South Sioux City NE 68776
Roxanna L. Lake	Treasurer	3311 Daniels Lane South Sioux City NE 68776
D. Todd Butler	Director	2030 Falling Water Road, Suite 300 Knoxville TN 37922
James T. Twedt	Director	3108 104 th Street Urbandale IA 50322

(TBRPG off dir 120109)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

STATE OF

NEBRASKA

United States of America, }
State of Nebraska } ss.



Department of State
Lincoln, Nebraska

FILED
2010 FEB 11 P 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

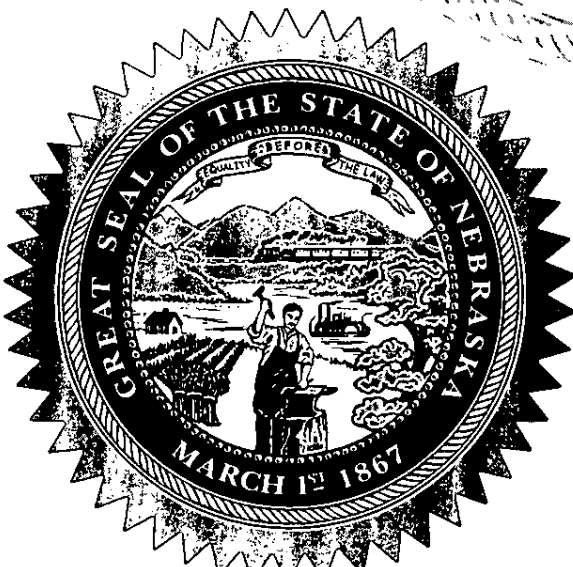
TRUCKERS BENEFIT RISK PURCHASING GROUP

was duly incorporated as a nonprofit corporation under the laws of this state on March 12, 2009 and do further certify that no biennial reports or biennial fees assessed are delinquent; articles of dissolution have not been filed and said corporation is in existence as of the date of this certificate.

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the State
of Nebraska on January 22, 2010.

John A. Gale
SECRETARY OF STATE



This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.