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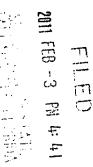
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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L Burch FEB 4 2011

COVER LETTER

TO:	New Filing Section Division of Corporations	
SUBJ	ECT: IIAA Agency Administrative Services	s, Inc.
	Name of corporation - I	
Dear S	Sir or Madam:	
"Certif	nclosed "Application by Foreign Corporation for Au ficate of Existence," or "Certificate of Good Standir need foreign corporation to transact business in Flor	ng"and check are submitted to register the above
Please	return all correspondence concerning this matter to	the following:
	Traci Houston	- ILSA
	Name of Per	rson
	Insurance Licensing Service	es of America, Inc
	Firm/Compa	
	111 N. Railr	oad
	Address	
	Groesbeck, TX	76642
	City/State and	
	thouston@ilsair	ne com
	E-mail address: (to be used for	future annual report notification)
For fur	rther information concerning this matter, please call	:
	Traci Houston - ILSA at (254)	729-6157
		729-6157 de & 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 P.O. Box 6327 Tallahassee, FL 32314
Enclos	sed is a check for the following amount:	
\$70	0.00 Filing Fee \$\times \text{Certificate of Status}	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Cop 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.

(Enter name of c	Administrative Services, Inc. Porporation; must include "INCORPORAT Orp," "Inc," "Co," or "Corp.")	ED.	" "COMPANY." "CORPORATION."		<u>~</u> •	
ис., со., с	orp, me, eo, or eorp.)				OH FEB	
(If name unavail	able in Florida, enter alternate corporate n	ame	adopted for the purpose of transacting business i	n Florida)	· 3	
2.	VA	2	5/1710/30	- 		
(State or country	under the law of which it is incorporated)	_ 3.	541719430 (FEI number, if applicable)	nema s		٠
					<u>-</u>	
(Date	of incorporation)	- J.	Perpetual (Duration: Year corp. will cease to exist or "pe	erpetual")		
	Upon Q					
	(Date first transacted busine	ess i	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	-	•	
7	127 S. Peyton Street;					
	(Principal office	add	ress)			
	127 S. Peyton Street;	Ale	xandria, VA 22314			
	(Current mailing	add	ress)			
3			ce Agency for Profit			
(Purpose(s	s) of corporation authorized in home state	or co	ountry to be carried out in state of Florida)			
. Name and stree	et address of Florida registered agent:	(P.C). Box <u>NOT</u> acceptable)			
Name:	Corporation Service Company	у				
Office Address:	1201 Hays Street					
	Tallahassee		Florida 32301			
	(City)		, Florida <u>32301</u> (Zip code)			
Having been nam lesignated in this further agree to c	application, I hereby accept the appo	intr tes r	ce of process for the above stated corporation nent as registered agent and agree to act in elative to the proper and complete performa sition as registered agent.	this capac	city.	
	_ William	n	1. Edington William M. Edrington			
_	(Registered agent's signat	ure)	William M. Edrington	1 ntativo		
11. Attached is a	certificate of existence duly authentica	ited,	Authorized Represe not more than 90 days prior to delivery of the	nis applica	ition t	0

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:	22/FL/TRH
A. DIRECTORS	2011
Chairman:	节五
Address: 127 S. Peyton Street; Alexandria, VA 22314	
Vice Chairman:	
Address: 127 S. Peyton Street; Alexandria, VA 22314	
Director: Jackson Sherill	
Address: 127 S. Peyton Street; Alexandria, VA 22314	
Director: See attached list of directors	
Address: 127 S. Peyton Street; Alexandria, VA 22314	
B. OFFICERS	
President: Paul Buse	
Address: 127 S. Peyton Street; Alexandria, VA 22314	
Vice President: David Evans	
Address: 127 S. Peyton Street; Alexandria, VA 22314	
Secretary: David Evans	
Address: 127 S. Peyton Street; Alexandria, VA 22314	
Treasurer: E. Stevenson Cocke	
Address: 127 S. Peyton Street; Alexandria, VA 22314	·
NOTE: If necessary, you may attack an addendum to the application listing at	dditional officers and/or directors.
13. (Signature of Director or Officer listed in number 12 of	the application)
14. Paul A. Buse President (Typed or printed name and capacity of person signing	- · · · · · · · · · · · · · · · · · · ·

IIAA AAS BOARD OF DIRECTORS 9/1/2010 to 8/31/2011

Annual Update of Officers/Directors/Managers/Members/Partners

O=OwnerP= President MM=Managing M	VP=VIce President Iember	T=Treasurer P=Partner	S=Secretary GP=General Partner	D=Director	M=Member
Corporation Name: IIA Address: 127 South Pe City/State/Zip: Alexand	yton Street	strative Services	i, Inc. (IIAA AAS)		2011 FEB
Have there been any change	es to your officer/dire	ector list for the yea	r listed or since incep	otion with our service	
PLEASE LIST CURRENT (PLEASE PLACE A CHECK	•		•		# 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
		PLEASE LIST	ALL CHANGES BE	LOW	, -
Use Initial/Title (see to	pp)				DELETE
TITLE: P/Paul A. Buse (F Address: 127 South Pey Social Security Number	ton Street, Alexa		8: (2/14/19 Date Office Take		
TITLE: VP & S/David G. Address: 127 South Pey Social Security Number	rton Street, Alexa) 08: 08/2 ndria, VA 22314	•	n: October 2000	
TITLE: T/Eugene S. (Stev Address: 127 South Pey Social Security Number:	rton Street, Alexa :	ndria, VA 22314	Date Office Taker	n: September 1,	2003
TITLE: D/Jackson H. She	errill Dob: C	18/29/19	42		
Address: 7805 Waters A	venue, Suite 11-	A, Savannah, GA	31406		
Social Security Number.	- Karin		Date Office Taker	n: September 1,	2008
TITLE: D/Royal (R.) David Address: 2570-8 Gaskin.			1945		X no Road
Social Security Number:	•	•	Date Office Taker	Sentambar 1	
TITLE: D/Brian M. McSh Address: 209 W Madiso	erry DoB:	07/27/1		. september 1,	X
Social Security Number.	708:0	2/09/19	Date Office Taken	: September 1,	2008
TITLE: D/Carol McClellar		•	//		
Address: 8231-B Northw	oods Drive, Linco				
Social Security Number		i	Date Office Taken	: September 1, 1	2008
TITLE: D/Steve R. Bain Address: 217 N Third Str	DOB: 05 reet, Bismarck ND		3		_X
Social Security Number		ſ,	Date Office Taken	: September 1, 2	2009

IIAA AAS BOARD OF DIRECTORS 9/1/2010 to 8/31/2011

TITLE: D/Charles Timothy Bidek					
Social Security Number:	Date Office Taken: September 1, 2009		٠		
TITLE: D/Tom Richardson DoB: 01/20/19 Address: 515 Main Street, Keokuk, IA 52632 Social Security Number	•		-		
TITLE: D/Michael Stanley Rifkin Do B: 08/0. Address: 5299 DTC Boulevard Ste 450 Greenwood Village			201		
Social Security Number:	Date Office Taken: September 1, 2010		1 FEB		
TITLE: D/Mitchell Clark Mills DoB: 10/04// Address: 110 W Jefferson Clinton MO 64735 Social Security Number	Page Office Taken: September 1, 2010		-3 PH	TIED	
TITLE: D/Greg Scott Renn Do 8: 03/16/19 Address: 209 S Washington Wellington KS 67152			14:41		
Social Security Number	Date Office Taken: September 1, 2010				
I request that Insurance Licensing Services of America, Indirectors. Signature: Congress Title: Team Manager Date: August 4 (6 24/0	nc. make the necessary changes to our list	of officer	rs and		

Commonwealth & Birginia



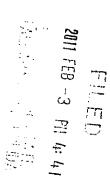
State Corporation Commission

I Certify the Following from the Records of the Commission:

IIAA AGENCY ADMINISTRATIVE SERVICES, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is July 18, 1994.

Nothing more is hereby certified.





Signed and Sealed at Richmond on this Date: December 28, 2010

Joel H. Peck, Clerk of the Commission