F930000 3279 Requestor's Name

SELECT INSURANCE ASSOCIATES, INC Office Use Only 455 N. Cityfront Plaza Dr., Ste 1400 Chicago, Illinois 60611-5504 R(S), (if known): 1. (Corporation Name) (Document #) 2. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Pick up time Walk in Photocopy Mail out Will wait Certificate of Status AMENDMENTS NEW FILINGS Profit Amendment Resignation of R.A., Officer/Director NonProfit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report *****35.00 Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement

Examiner's Initials

Trademark

Other



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 29, 1999

SELECT INSURANCE ASSOCIATES, INC. 455 Cityfront Plaza Drive Suite 1400 Chicago, IL 60611-5504

SUBJECT: SELECT INSURANCE ASSOCIATES, LTD. CORP.

Ref. Number: F93000003279

We have received your document for SELECT INSURANCE ASSOCIATES, LTD. CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please contact the undersigned before making corrections or returning your document to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6910.

Louise Flemming-Jackson Corporate Specialist Supervisor

Letter Number: 899A00004095



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 15, 1998

SELECT INSURANCE ASSOCIATES, LTD. CORP. 455 N. Cityfront Plaza Drive Suite 1400 Chicago, IL 60611-5504

SUBJECT: SELECT INSURANCE ASSOCIATES, LTD. CORP.

Ref. Number: F93000003279

We have received your document for SELECT INSURANCE ASSOCIATES, LTD. CORP. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

An original, duly authenticated certificate from the state of incorporation/organization evidencing the amendment, must be submitted with the application. The certificate must have been issued within the past 90 days.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the enclosed check for \$35.00 or a newly issued check with your corrected document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6910.

CLouise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 198A00059052

APPLICATION BY FOREIGN CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)	
1. Select Insurance Associates, Ltd. Corp.	
Name of corporation as it appears within the records of the Departmen	it of State.
2. incorporated under laws of: Iowa	78EC F
3. Date authorized to do business in Florida: July 16, 1993	FILE RETARY O
SECTION II (4-7 complete only the applicable changes)	AMIO OO OF STATE EE, FLORIDA
4. If the amendment changes the name of the corporation, when was effected under the laws of its jurisdiction of incorporation?	the change
June 24, 1998	
5. Name of corporation after the amendment, adding suffix "corporation," "c corporated," or appropriate abbreviation, if not contained in new name of the	ompany," "in- corporation:
SIA, Ltd. Comp.	
6. If the amendment changes the period of duration, indicate new period of d	uration.
7. If the amendment changes the jurisdiction of incorporation, indicate new ju	risdiction.
Signature Date Name and Title	

December 22, 1998 Corp. No.:000166477 Ref. No.:NotAsgnd



Secretary of State

SELECT INSURANCE ASSOCIATES, LTD.
ATTN ANGELA K RUBALCABA
455 N CITYFRONT PLAZA DR., STE. 1400
CHICAGO, ILL. 60611-5504

CERTIFICATE OF EXISTENCE

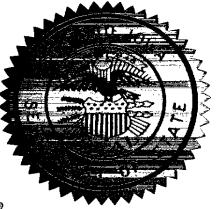
CRETARY OF STATE LAHASSEE, FLORIDA

SECRETARY OF STATE

Name SIA, LTD.
Date 05/06/1993

I, PAUL D. PATE, secretary of the state of the state of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa on the date printed above, with perpetual duration, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent annual corporate report required by Iowa Code chapter 490 has been filed by the secretary of state, and that articles of dissolution have not been filed.

I further certify that according to the records in this office the above named corporation filed an amendment on 06/24/1998, changing corporate name from SELECT INSURANCE ASSOCIATES, LTD. to SIA, LTD.



SECRETARY OF STATE

