

**CEBA** **95000003420** **CONTINGENT LIABILITY INSURANCE ADMINISTRATORS**

July 11, 1995

Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

To whom it may concern:

I am enclosing a check in the amount of \$78.75 needed to process our application to transact business in Florida as a foreign corporation.

Enclosed you will also find:

- 1.) Completed signed originals of the application.
- 2.) A Certificate of Good Standing from our resident state, California.

Upon approval of our application, I would like to request that a Certificate of Status from Florida be mailed to the following address:

C.E.B.A.  
11828 Rancho Bernardo Road, 123-400  
San Diego, CA 92128  
Attn: Marge Marcotte

800001538608  
-07/18/95--01037--015  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

If you have any questions, or need additional information, please contact me at 1-800-835-3310.

Very truly yours,

*Marge Marcotte*

Marge Marcotte  
Accounting Supervisor

enclosures

cc: File

*JL*  
95 JUL 17 AM 11:14  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**B. Officers:**

President: ROBERT STERLING BOON

Address: 5517 CUESTA VERDE  
AUSTIN, TEXAS 78746

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: BRIAN ALLAN BALARSKY

Address: 6880 TOWNVIEW LANE  
SAN DIEGO, CALIFORNIA 92120

Treasurer: BRIAN ALLAN BALARSKY

Address: 6880 TOWNVIEW LANE  
SAN DIEGO, CALIFORNIA 92120

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

**10. Name and Street address of Florida registered agent:**

Name: Insurance Commissioner  
Office Address: Capitol  
Tallahassee, Florida 32399-0300  
Zip Code

**11. 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.

Registered agent's signature: Insurance Commissioner

12. 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.

13.   
(Signature of Chairman, Vice-Chairman, or any officer listed in number 9 of the application)

14. BRIAN A. BALARSKY, CHIEF FINANCIAL OFFICER  
(Name and capacity of person signing application)

