

F95000004799

(If Amendment)

4575 ST. JOHNS AVENUE, SUITE 4
JACKSONVILLE, FLORIDA 32210

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT -5 4 16:47

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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*****70.00 *****70.00

W95-18981

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 20, 1995

GARY PRIDGEN
4575 ST JOHNS AVE #4
JACKSONVILLE, FL 32210

SUBJECT: IGIC MANAGEMENT COMPANY
Ref. Number: W95000018981

We have received your document for IGIC MANAGEMENT COMPANY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the date on the certificate of existence with the date in #4 of the application.

The second page of the application was not included with your application, please check to see if it was not included or fill out the one provided.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due 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 (904) 487-6094.

Doug Dickinson
Document Specialist

Letter Number: 095A00043219

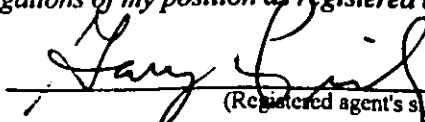
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

**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. IGIC MANAGEMENT COMPANY
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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.)
2. NEBRASKA
(State or country under the law of which it is incorporated)
3. 47-0778833
(FEI number, if applicable)
4. 6/13/94
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 10322 PACIFIC STREET, SUITE 303
OMAHA, NEBRASKA
(Current mailing address)
8. INSURANCE AGENCY, SALE OF INSURANCE
(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 or Mail Drop Box NOT acceptable)**
Name: GARY L. PRIDGEN
Office Address: 4575 ST. JOHNS AVENUE, SUITE 4
JACKSONVILLE, Florida, 32210
(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.


(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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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Bernard L. Koyen

Address: 10322 Pacific Street, Suite 303
Omaha, Nebraska 68114

DIRECTOR: Nancy Langerfeld

Address: 10506 Mary Street
Omaha, Nebraska 68122

Director: Gary L. Pridgen

Address: 4575 St. Johns Avenue, Suite 4
Jacksonville, Florida 32210-1800

Director: Richard Muller

Address: 505 S. 93rd Avenue
Omaha, Nebraska 68114

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Bernard L. Koyen

Address: 10322 Pacific Street, Suite 303
Omaha, Nebraska 68114

Executive-Vice President: Gary L. Pridgen

Address: 4575 St. Johns Avenue, Suite 4
Jacksonville, Florida 32210-1800

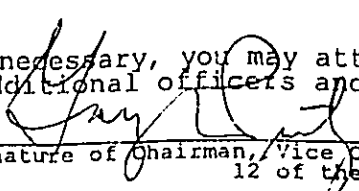
Secretary-Treasurer: Nancy Langerfeld

Address: 10506 Mary Street
Omaha, Nebraska 68122

Treasurer: _____

Address: _____

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. * Gary L. Pridgen, Executive Vice President
(Typed or printed name and capacity of person signing application)

STATE OF

NEBRASKA

United States of America,
State of Nebraska

} ss.



Department of State
Lincoln, Nebraska

I, Scott Moore, Secretary of State of the State of Nebraska do hereby
certify;

IGIC MANAGEMENT COMPANY

with registered office located in OMAHA, Nebraska, filed
Articles of Incorporation in this office on June 13, 1994.

I further certify that said corporation is in good standing as of this date.

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In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the State
of Nebraska on August 16
in the year of our Lord, one thousand
nine hundred and ninety-five.



Scott Moore

SECRETARY OF STATE