	Of A Cy PORATION	NYA
C T CORPORATION SYSTEM		110
Requestor's Name 660 Fast Jefferson Street		
Address		800001618998 -10/24/9501052014_
City State Zip	Phone _222_1092	******70.00 *******70.00
Aon	Insurance Services	SECRETARY OF SILTE STATE OF CORPORATION OF CORPORAT
Deprofit () NonProfit () Limited Liability Company	( ) Amendment	() Merger
<b>Ы</b> ∠Foreign	() Dissolution/Withdrawal	() Mark
( ) Limited Partnership ( ) Reinstalement	( ) Annual Report ( ) Reservation	() Other () Change of R.A.
() Certifled Copy	( ) Photo Coples	() Fictitious Name () CUS/ G/S
Call When Ready Walk in () Mail Out	( ) Cell if Problem ( ) Will Walt	Pick Up
Name Avallabilky		
Document Examiner Updater Verifler	10/24/95 3:00	CASE RETURN EXTRA COPY(S) FILE STAMPED
Acknowledgment		
W.P. Verifier		

CR2E031 (1-89)

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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.	Aon Insurance Services, Inc. (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION abbreviations of like import in language as will clearly indicate that it is a corporation instead of a nor partnership if not so contained in the name at present.)	", or w atural	ords or person		
2	Pennsylvania 3. 36-4019935				
۷,					
4.	May 11, 1995  (Date of incorporation)  5. Perpetual  (Duration: Year corp. will cease to exist or	'penpe	tual")		
6.	Upon Qualification (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))	95 OCT 24	SECR		
7.	123 N. Wacker Drive, Chicago, Illinois 60606	2			
	(Current mailing address)	PH 4: 00	용성		
	•	÷:	至		
8.	To design, administer and market insurance products using mass marketing (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	a Ees	hniques.		
9.	. Name and street address of Florida registered agent:				
	Name: C T Corporation System				
	Office Address: Island Road				
	Plantation , Florida, 33324 (Zip Code)				
H de fu	O. Registered agent acceptance: laving been named as registered agent and to accept service of process for the above stated corporal esignated in this application. I hereby accept the appointment as registered agent and agree to act in arther agree to comply with the provisions of all statutes relative to the proper and complete performs and I am familiar with and accept the obligation of my position as registered agent.  C T Corporation System	n this (	capacity. I		
	URegistered agent's signature) (Officer)				
,	THE STREET TORKY ASST SECY (Type Name and Title of Officer)				

(FL - 2189 - 11/16/94)

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

М.	DIRECTORS	
	Chairman: See attached list of directors	
	Address:	<del></del> -
		<del></del>
	Vice Chairman: see attached list of directors	
	Address:	
	Director: see attached list of directors	
	Address:	
	Director:	
	Address:	<del>~~·</del>
В.	OFFICERS	<del></del>
	President: See attached list of officers	
	Address:	
	Vice President:	
	Address:	
	Secretary:	
	Address:	

	Treasurer:	
	Address:	
NOTE: If and/or direct	ecessary, you may attach an addendum to the application listing additional officors.	ers
13. (Signati application)	e of Chairman, vice Chairman, or any officer listed in number 12 of the	
	r printed name and capacity of person signing application)	

SECRETARY OF STATE DIVISION OF COSPORATIONS
95 OCT 24 PM 4: 00

Aon Insurance Services, Inc.

### DIRECTORS

James R. Eisenmann\* Robert M. Fove\* Dale E. Peters\* Hichael D. Rice\*

Director Director Director Director

OFFICERS:

Michael D. Rice\* Robert M. Foys\* James R. Eisenmann\* Paul I. Rabin\* Arlene Jeschke\* Herbert J. Carlson\* Robert J. Grob\* Jerome S. Hanner\*

James R. Harding John Hecht Kip Kelley John Kenny Nicholas C. Kihm Robert Krouchick Catherine M. Lyczko\* Ken Mackunia James A. Mahoney, Jr.\* Dale E. Peters\*

John R. Pfeiffer Mark S. Rabin\* Peter Reimann Renee Roque Richard K. Schwarz Paul T. Slamar\* Ellen S. Stout

Chairman Vice Chairman President Treasurer Secretary - Law Vice President Assistant Vice President

Vice President & Assistant Secretary

- Law Vice President Assistant Vice President Vice President Vice President Vice President Vice President Assistant Secretary - Law Vice President Vice President Assistant Treasurer Controller Senior Vice President

Vice President Assistant Vice President Assistant Vice President Vice President Vice President & Assistant Secretary

Assistant Vice President

\* Directors and Officers located at 123 N. Wacker Drive, Chicago, IL 60606.

All other Directors and Officers located at 4870 Street Road, Trevose, PA 19049.



## COMMONWEALTH OF PENNSYLVANIA

# DEPARTMENT OF STATE

**SEPTEMBER 28, 1995** 

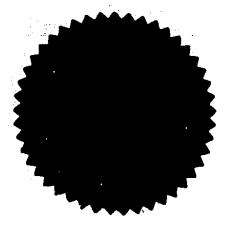
TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

SECRETARY OF STATE OIVISION OF CORPORATIONS

I DO HEREBY CERTIFY THAT.

AON INSURANCE SERVICES, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF. I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

CKEI