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October 26, 1995

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Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: National Alliance for Risk Management

Dear Sir/Madam:

Enclosed is an Application by Foreign Not for Profit Corporation for Authorization to Conduct Its Affairs in Florida for the above corporation. Please file this application at your earliest opportunity and send an acknowledgement to me. A check in the amount of \$70.00 is enclosed to cover the fee.

If you have any questions or problems with this filing, please do not hesitate to contact me.

Very truly yours,

Veanna J. McAhren
Certified Legal Assistant

vjm
Enclosures:

Wk
11/1/95

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. NATIONAL ALLIANCE FOR RISK MANAGEMENT, INC.
(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. North Carolina 3. 56-1839563
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/14/93 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 10/1/95
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7. 7031 Albert Pick Road, Suite 301, Greensboro, NC 27409
(Current mailing address)
8. non-profit association promoting risk management and use of self 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:
DARYL J. BROWN
(Name)
1819 Main Street, Suite 1100
(Office address)
Sarasota, Florida, 34236
(City) (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.
Daryl J. Brown
(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.

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: Thomas S. Hall
Address: 1390 Main Street
Sarasota, FL 34236

Vice Chairman: _____
Address: _____

Director: Paul B. Anderson
Address: 6337 Morrison Blvd. #201
Charlotte, NC 28211

Director: Christine E. Shirley
Address: 1390 Main Street
Sarasota, FL 34236

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

President: Thomas S. Hall
Address: 1390 Main Street
Sarasota, FL 34236

Vice President: Paul B. Anderson
Address: 6337 Morrison Blvd., #201
Charlotte, NC 28211

Secretary: Christine E. Shirley
Address: 1390 Main Street, Sarasota, FL 34236

Treasurer: Christine E. Shirley
Address: 1390 Main Street, Sarasota, FL 34236

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Thomas S. Hall
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Thomas S. Hall, President
(Typed or printed name and capacity of person signing application)

STATE OF NORTH CAROLINA



Department of The
Secretary of State

CERTIFICATE OF EXISTENCE (NONPROFIT)

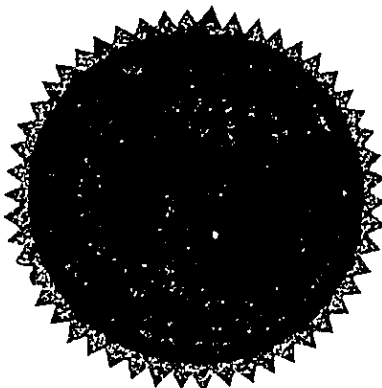
I, RUFUS L. EDMISTEN, Secretary of State of the State of North Carolina, do hereby certify that

NATIONAL ALLIANCE FOR RISK MANAGEMENT

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 14th day of September, 1993, with its period of duration being perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 31st day of August, 1995.



Rufus L. Edmisten

Secretary of State