

**F96000000243**  
CAROLINA RISK MANAGERS  
January 5, 1998

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

500001681805  
-01/08/98--01102--013  
\*\*\*122.50 \*\*\*122.50

Re: **Carolina Risk Managers, Inc., a North Carolina Corporation**

Dear Sir or Madame:

Please find enclosed an original and a copy of the Application by Foreign Corporation for Authorization to Transact Business in Florida for **Carolina Risk Managers, Inc.**, and our check in the amount of \$122.50. We would request that you file this Application with the Florida Department of State at your earliest opportunity and return a file stamped copy of the Application and the Certificate of Authority to me at: Post Office Box 2368, Lake Wales, Florida 33859-2368.

Should you have any questions with regard to the filing of this Application, please do not hesitate to contact me. With kind regards, I am,

Sincerely,

*Deana Smith*  
Deana Smith,  
Legal Administrator

ds  
Enclosures

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 16 AM 9:12  
*mtm*

TRANSMITTAL LETTER

TO: QUALIFICATION/REGISTRATION SECTION  
DIVISION OF CORPORATIONS

SUBJECT: CAROLINA RISK MANAGERS, INC.  
(NAME OF CORPORATION)

Dear Sir or Madam:

The enclosed **APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**, certificate of existence, and check are being submitted to qualify the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Deana Smith - Legal Administrator  
(Name of Person)  
Carolina Risk Managers, Inc.  
(Firm/Company)  
Post Office Box 2368  
(Address)  
Lake Wales, Florida 33859-2368  
(City, State and Zip Code)

Should you need to call someone concerning this matter, please call  
Deana Smith at ( 800 ) 394 - 2767, ext. 205  
(Name of Person) Area Code & Telephone Number

**COURIER ADDRESS:**

Qualification/Registration Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Qualification/Registration Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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. CAROLINA RISK MANAGERS, INC.

(Name of corporation must include the word "INCORPORATED," "COMPANY," 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.)

2. North Carolina

(State or country under the law of which it is incorporated)

3. 03/25/94

(Date of Incorporation)

4. Perpetual

(Duration-Year Corp. will cease to exist or "perpetual")

5. 56-1875361

(Federal Employer Identification number, if applicable)

6. 12/01/95

(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)

7. Post Office Box 2368, Lake Wales, Florida 33859-2368

(Current mailing address)

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

Name: Bruce J. Gilbert

Office Address: 250 East Park Avenue

Lake Wales, ,Florida 33853  
Zip Code

9. **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:

Bruce J. Gilbert, Esquire

10. 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.

96 JAN 16 AM 9:12

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11. Names and addresses of officers and/or directors.

**A. Directors:**

Chairman: Allan F. Brooks  
Address: 737 Carlton Avenue  
Lake Wales, Florida 33853

Vice Chairman: Bruce J. Gilbert  
Address: 1009 Yarnell  
Lake Wales, Florida 33853

Director: Terry R. Borglund  
Address: 1406 Lakeview  
Lake Wales, Florida 33853

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

**B. Officers:**

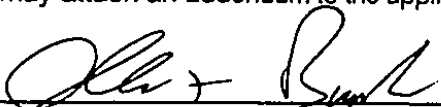
President: Allan F. Brooks  
Address: 737 Carlton Avenue  
Lake Wales, Florida 33853

Vice President: Bruce J. Gilbert  
Address: 1009 Yarnell  
Lake Wales, Florida

Secretary: Deana M. Smith  
Address: 848 Wildabon Avenue  
Lake Wales, Florida 33853

Treasurer: Terry R. Borglund  
Address: 1406 Lakeview  
Lake Wales, Florida 33853

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

12.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 11 of the application)

13. Allan F. Brooks, President  
(Type or print name and capacity of person signing application)

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FILED  
SECRETARY OF STATE  
CORPORATIONS

# STATE OF NORTH CAROLINA



Department of The  
Secretary of State

## CERTIFICATE OF EXISTENCE

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

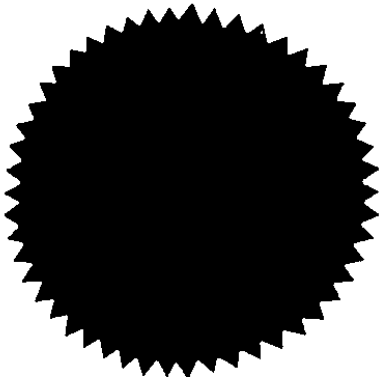
**CAROLINA RISK MANAGERS, INC.**

*is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 25th day of March, 1994, 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 Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 **has been** delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

FILED  
SECRETARY OF STATE  
RECORDS  
6 MAR 1995  
12

**IN WITNESS WHEREOF**, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 15th day of December, 1995.



*Rufus L. Edmisten*

Secretary of State

INTERSTATE INSURANCE SERVICES GROUP, INC.

F960000000243

November 20, 1996

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

100002012611--S  
-11/22/96--01076--002  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Re: **Carolina Risk Managers, Inc. -**  
**Application to Amend Authorization to Transact Business in Florida**

Dear Sir or Madame:

Please find enclosed two original Applications to Amend Authorization to Transact Business in Florida for **Carolina Risk Managers, Inc.**, and our check in the amount of \$35.00. We would request that you file this Application with the Secretary of State at your earliest opportunity and return a file stamped copy of the Application to me at the address listed below.

Should you have any questions with regard to the filing of this Application, please do not hesitate to contact me. With kind regards, I am,

Sincerely,

*Deana Smith*  
Deana Smith,  
Legal Administrator

*1246-25380*

ds  
Enclosures

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NC

FILED  
97 FEB -6 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

December 3, 1996

Deana Smith  
Interstate Insurance Services Group  
250 E. Park Ave.  
Lake Wales, FL 33853

**SUBJECT: CAROLINA RISK MANAGERS, INC.**  
**Ref. Number: F9600000243**

We have received your document for CAROLINA RISK MANAGERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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) 487-6908.

Steven Harris  
Corporate Specialist

Letter Number: 596A00054098

CAROLINA • RISK • MANAGERS

December 16, 1996

Mr. Steven Harris  
Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: **CRM of North Carolina, Inc.**

Dear Mr. Harris:

Pursuant to your letter dated December 3, 1996, please find enclosed a Certified Articles of Amendment on behalf of CRM of North Carolina, Inc. Please file accordingly.

Should you have any questions with regard to the enclosed Application, please do not hesitate to contact me. I may be reached at (800)989-7515, ext. 205. With kind regards, I am,

Sincerely,



Luci Warren,  
Legal Department

lw  
Enclosures





**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**

December 19, 1996

Luci Warren  
Carolina Risk Managers  
6040 A Six Forks Rd., Suite 102  
Raleigh, NC 27609-8601

**SUBJECT: CAROLINA RISK MANAGERS, INC.**  
**Ref. Number: F96000000243**

We have received your document for CAROLINA RISK MANAGERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

You have submitted a photocopy of the filed amendment. Please provide a certified copy from the North Carolina Secretary of State's 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) 487-6908.

Steven Harris  
Corporate Specialist

Letter Number: 496A00056610

**C A R O L I N A • R I S K • M A N A G E R S**

February 4, 1997

Mr. Steven Harris  
Corporate Specialist  
Florida Department of State  
Post Office Box 6327  
Tallahassee, Florida 32314

**Re: CRM of North Carolina, Inc. f/k/a Carolina Risk Managers, Inc.  
Amendment of Name**

Dear Mr. Harris:

Pursuant to your letter, dated December 19, 1996, please find enclosed a certified copy of Articles of Amendment on behalf of Carolina Risk Managers, Inc. showing the name change to CRM of North Carolina, Inc. Also enclosed is the original documents along with a copy of you letter. Please file accordingly.

Should you have any questions with regard to the enclosed, please do not hesitate to contact me. With kind regards, I am,

Sincerely,

Luci Warren,  
Legal Department

lw  
Enclosures

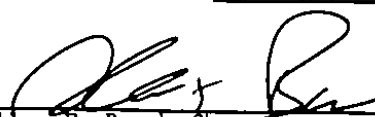
**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

1. CAROLINA RISK MANAGERS, INC.  
Name of corporation as it appears on the records of the Department of State.
2. North Carolina 3. January 16, 1996  
Incorporated under laws of Date authorized to do business in Florida

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_
5. CRM of North Carolina, Inc.  
Name of corporation after the amendment, adding suffix "corporation" "company" or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation.
6. If the amendment changes the period of duration, indicate new period of duration.  
\_\_\_\_\_  
New Duration
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.  
\_\_\_\_\_  
New Jurisdiction

  
Allan F. Brooks Signature  
President  
  
Allan F. Brooks  
Typed or printed name

November 13, 1996  
Date  
  
President  
Title

FILED  
97 FEB -6 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# STATE OF NORTH CAROLINA



Department of The  
Secretary of State

**To all whom these presents shall come, Greetings:**

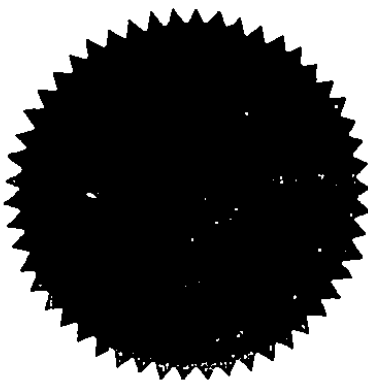
*I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of*

**ARTICLES OF AMENDMENT  
OF  
CAROLINA RISK MANAGERS, INC.**

**Which changed its name to:  
CRM OF NORTH CAROLINA, INC.**

*the original of which is now on file and a matter of record in this office.*

**IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 30th day of January, 1997.**



*Elaine F. Marshall*

Secretary of State

0-341729

FILED

125pm  
1996

State of North Carolina

Department of the Secretary of State

ARTICLES OF AMENDMENT

EFFECTIVE

JANICE H. FAULKNER  
SECRETARY OF STATE

Pursuant to §55-10-06 of the General Statutes of North Carolina, the undersigned corporation hereby submits the following Articles of Amendment for the purpose of amending its Articles of Incorporation:

1. The name of the corporation is: CAROLINA RISK MANAGERS, INC.

2. The text of each amendment adopted is as follows: (State below or attach)

1. The name of the corporation is CRN of North Carolina, Inc.

3. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment, if not contained in the amendment itself, are as follows;

4. The date of adoption of each amendment was as follows: August 13, 1996

5. (Check either a, b, c, or d, whichever is applicable)

a. ☐ The amendment(s) was (were) duly adopted by the incorporations prior to the issuance of shares.

b. ☐ The amendment(s) was (were) duly adopted by the board of directors prior to the issuance of shares.

c. ☐ The amendment(s) was (were) duly adopted by the board of directors without shareholders approval as a shareholder approval was not required because (set forth a brief explanation of why shareholder action was not required)

d. ☒ The amendment(s) was (were) approved by shareholder action, and such shareholder approval was obtained as required by Chapter 55 of the North Carolina General Statutes.

ARTICLES OF AMENDMENT

Page 2

6. These articles will be effective upon filing, unless a delayed time and date is specified:\_\_\_\_\_

This the 13th day of August, 1996.

Carolina Risk Managers, Inc.

Name of Corporation

[Signature]

Signature

Allan E. Brooks, President

Type or Print Name and Title

NOTES:

1. Filing fee is \$50. This document and one exact or conformed copy of these articles must be filed with the Secretary of State.

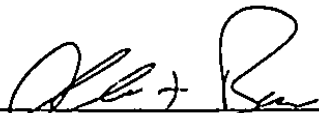
**WRITTEN CONSENT OF SHAREHOLDER  
IN LIEU OF  
A SPECIAL MEETING OF  
CAROLINA RISK MANAGERS, INC.**

The undersigned, constituting the Shareholder of CAROLINA RISK MANAGERS, INC., incorporated and existing under the laws of the State of North Carolina (this or the "Corporation"), hereby affirmatively votes for, approves, and adopts the following resolution by this written consent in lieu of a special meeting of Shareholders effective on the date set forth below, and the same shall constitute actions of the directors.

RESOLVED, that the Articles of Incorporation shall be amended and that the name of the corporation shall be changed to CRM of North Carolina, Inc.

DATED the 13th day of August, 1996.

**INTERSTATE INSURANCE  
SERVICES GROUP, INC., Sole Shareholder**

By:   
Allan F. Brooks, President

INTERSTATE INSURANCE SERVICES GROUP, INC.

F960000000243

June 11, 1997

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

8-0002237188--6  
-07/14/97--01082--009  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Dear Sir/Madam:

Enclosed please find the following items required for the withdrawal of authority of a foreign corporation that is transacting business or conducting affairs in Florida.

- an originally executed withdrawal application
- a check to cover the filing fee and the certified copy.

Please process accordingly. Should you require any additional information, please do not hesitate to let us know.

Sincerely,

*Tina Mathewson*

Tina Mathewson  
Legal Assistant

FILED  
97 JUL 14 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Done 7/16 withdrawal*



**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL  
OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS  
IN FLORIDA**

CRM of North Carolina, Inc.

(Name of Corporation)

North Carolina

(Incorporated Under Laws Of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

244 East Park Avenue

(Mailing Address)

Lake Wales, Florida 33853

(City/State/Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

 President  
Signature Title

Allan F. Brooks

Typed or printed name

June 11, 1997

Date

FILED  
JUL 14 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA