



**AIA Insurance**

AIA Insurance, Inc.  
One Lewis Clark Plaza  
P.O. Box 538  
Lewiston, Idaho 83501-0538  
(208) 799-9000 FAX (208) 746-8159

**F96000000506**

January 24, 1996

400001700924  
-01/30/96--01030--015  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Secretary of State  
Corporate Records Bureau  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: Application for Authority  
AIA Midamerica, Inc.

Enclosed are original and two copies of our reference application for authority; Certificate of Existence from Indiana, our domicile state, and our check for \$70.00 covering the filing fee.

Please return the certificate of authority to my attention.

Sincerely,

Kent Gray  
Regulatory Filing

KG/ksp  
Enclosures

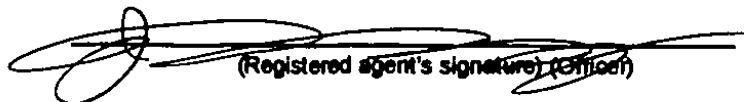
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
TRANSACT BUSINESS IN FLORIDA**

**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. AIA Midamerica, Inc.  
(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. Indiana  
(State or country under the law of which it is incorporated)
3. 35-1871854  
(FEI number, if applicable)
4. 6-12-92  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Approval of application  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.156, F.S.))
7. P. O. Box 538  
Lewiston, ID 83501  
(Current mailing address)
8. General Insurance Agency  
(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:  
Name: C T Corporation System  
Office Address: c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida, 33324  
(Zip Code)
10. Registered agent 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 obligation of my position as registered agent.

C T Corporation System

  
(Registered agent's signature) (Official)

Jack C. Caskey, Asst. Vice President  
(Type Name and Title of Officer)

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:

A. DIRECTORS

Chairman: R. John Taylor  
Address: P. O. Box 538 N/A  
Lewiston, ID 83501

Vice Chairman: NONE  
Address: \_\_\_\_\_  
\_\_\_\_\_

Director: Daniel L. Spickler  
Address: P. O. Box 538 N/A  
Lewiston, ID 83501

Director: Ron Peconge N/A  
Address: P. O. Box 2272  
Fort Wayne, IN 46801-2272

B. OFFICERS


President: R. John Taylor  
Address: P. O. Box 538  
Lewiston, ID 83501

Vice President: NONE  
Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: Daniel L. Spickler  
Address: P. O. Box 538  
Lewiston, ID 83501

Treasurer: Rick L Johnson  
Address: P. O. Box 538  
Lewiston, ID 83501

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. Daniel L. Spickler Secretary  
(Typed or printed name and capacity of person signing application)

STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

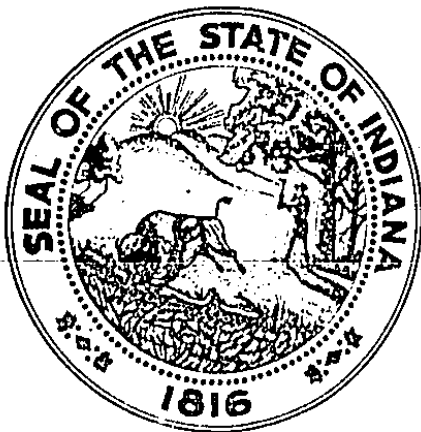
I further certify that records of this office disclose that

**AIA MIDAMERICA, INC.**

filed Articles of Incorporation on June 12, 1992, and is a corporation duly organized and existing under and by virtue of the laws of the State of Indiana.

I further certify this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Eighteenth day of January, 1996.

*Sue Anne Gilroy*  
SUE ANNE GILROY, Secretary of State

*[Signature]*  
Deputy

# F9600000506



**AIA Insurance**  
One Louis Clark Plaza  
P.O. Box 638  
Lowiston, ID 83501-0538

City/State/Zip

Phone #

800002148288--2

-04/18/97--01114--004

\*\*\*\*\*35.00 \*\*\*\*\*35.00

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 #)

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

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

AIA MIDAMERICA, INC.

(Name of Corporation)

INDIANA

(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.

P O BOX 538

(Mailing Address)

LEWISTON ID 83501

(City/ State /Zip)

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



Signature

SEC/TREAS

Title

DANIEL L. SPICKLER

Typed or printed name

APRIL 14, 1997

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

97 APR 18 AM 9:39

FILED