

(901) 664-8044 FAX (901) 664-5182

May 23, 1996

Secretary of State's Office Corporation Division 409 E. Gaines Tallahassee, Florida 32399

90000195-01082-010 -06/06/96-01082-010 *****70.00 *****70.00

Dear Sir/Madam:

Enclosed please find the necessary documents to qualify HCC Insurance Services Corporation to do business in your state.

I trust this letter and the enclosed documents places them in compliance with your Statutes. However, if any further action is required, please do not hesitate to contact me.

Thank you for your consideration of this filing.

Sincerely,

Janet Lybrand Initial Licensing Division

JL/dj

Enclosures

SECRETARY OF STATE DIVISION OF CORPORATIONS

96 JUN -6 AN 8: 47

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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:

of country under the las	wof which it is incor	norand) 3.	36-3968 (FEI num		cable)		
07/06/94	5.	•	erpetual	agi, ii ghhii	raniai	G	耳
(Date of Incorporation)	5	(Duration)	Year corp. \	vili ceaso tr	existor p	m	IT SEE
when qualified					·	≨	
irst transacted busines	s in Florida. <i>(See se</i>	ctions 607.15	01, 607.1502	, and 817.1	55, F.S.)	2	77.2
200 Highland Aven	iue					즟	퓛두
owners Grove, IL	60515-1223					ထု	SRAIN AN
	Current mailing addr			 -		L 7	<u> </u>
•							Q,
rporation is pres	ently in the in	isurance b	usiness f	unctioni	ng as an	insur	ance
ose(s) or corporation	addictized to home	acate or coun	ny mo de cen	ed out in t	10 STEEDS OF	rionda)	
ne and street add	ress of Florida	registered	agent:		* *		•
		_	_				,
ne and street add Name: _	C T Corporati	_	_				,
		on System					,
Name: _	C T Corporati	on System	Road	— Elorida	33324		,
Name: _	C T Corporati	on System	Road	- Florida ,	33324 (Zip C	(ode)	,

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.

(Registered agent's signature)

96 JUN-6 AM 8: 47

	Chairman:	SEE ATTACHMENT
	Address:	
•		
	Vice Chairma	n:
	Address:	
	Director:	
•		
B. OFFIC	ERS	•
	· ·	SEE ATTACHMENT
	Address:	
		•
	VICE ET SAIDEN	t:
	Address:	
	Secretary:	
	— Treasurer: _	
i ana ang ang ang	Address:	

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

DIRECTORS

A.

NOTE: If necessary, and/or directors.	you ma	ay attach	an addend	um to the	application	listing	additional officer
Ru=	_	11					

(Signature of Chairman, Vice Chairman, orany officer listed in number 12 of the application)

Typed or printed name and capacity of person signing application)

HCC INSURANCE SERVICES CORP. OFFICERS AND DIRECTORS LISTING

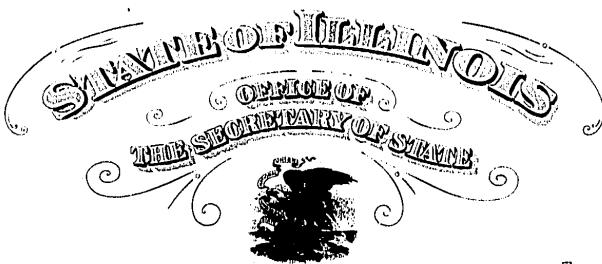
PRESIDENT/DIRECTOR Lottie Ann Kurcz 100 E. Huron, #1702 Chicago, IL 60611

VP/SECRETARY/DIRECTOR Edward L. Wristen 1137 Peregrine Court Palatine, IL 60067

TREASURER Joseph E. Whitters 425 Fairview Avenue Glen Ellyn, IL 60137

DIRECTOR C. Smith
P.O. Box 469 N/A Western Springs, IL 60558

File Wumber 5788-762-1



To all to whom these presents Shall Come, Greeting

J. George H. Ryan. Secretary of State of the State of Illings, Alone do hereby certify that

HCC INSURANCE SERVICES CORP., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE JULY 6, 1994, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



George H Ryan
SECRETARY OF STATE



1501 NORTH UNIVERSITY LITTLE ROCK, ARKANBAS 72207-5271

(501) 884 8044 FAX - (501) 564 6182

June 19, 1996

Mr. Michael Mays Secretary of State's Office Corporations Division PO Box 6327 Tallahassee, FL 32314

400001879054 -06/28/96--01037--003 *******8.75 ******8.75

Vice President

HCC INSURANCE SERVICES CORP. DOCUMENT #F96000002865

Dear Michael:

Enclosed please find a check for \$8.75 to cover the cost for one (1) certificate for the above-referenced agent. I have also enclosed a postage paid envelope for your convenience.

If you have any questions regarding this request please do not hesitate to call me at the number listed above. Thank you for your assistance with this.

Sincerely,

Janet Lybrand

Initial Licensing Division

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Enclosures