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TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Berkley Information Services - a division of Tri-State Insurance Co. of Minn.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Mike Davidson
(Name of Person)
Berkley Information Services
(Firm/Company)
10 Roundwind Road
(Address)
Luverne MN 56156
(City/State/Zip)

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Should you need to call someone concerning this matter, please call:

Mike Davidson at (507) 283-9195 ext. 212
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**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. Tri-State Insurance Company of Minnesota
(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. Minnesota 3. 41-1232071
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1984 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Anticipate 11/1/98
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 10 Roundwind Road
Luverne, MN 56156
(Current mailing address)
8. To provide information services to the W.R. Berkley Corporation subsidiaries
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
- Name: Carolina Casualty Ins. Co.
- Office Address: 8381 Dix Ellis Trail, Jackson Bldg, Suite 400
Jacksonville, Florida, 32256
(Zip code)

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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.

[Signature]
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: Thomas A. Jasick

Address: 10 Roundwind Road

Luverne, MN

Vice President: Jack Bennett

Address: 10 Roundwind Road

Luverne, MN

~~Vice-President~~ Bart A. Thielbar

~~Secretary~~ Address: 10 Roundwind Road

Luverne, MN

~~Vice-President~~ Wayne Robinson

~~Treasurer~~ Address: 10 Roundwind Road

Luverne, MN

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

13. Thomas A. Jasick

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

14. THOMAS A. JASICK PRESIDENT

(Typed or printed name and capacity of person signing application)

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Joan Anderson Grove, Secretary of State of Minnesota, certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statute listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

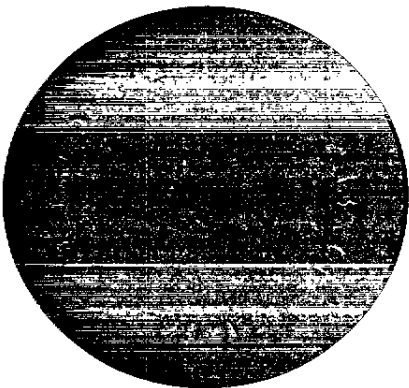
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Name: Tri-State Insurance Company of Minnesota

Date Formed: 04/01/1974

Chapter Governed By: 300

This certificate has been issued on 11/03/97.



Joan Anderson Grove
Secretary of State.