

**F98000001026**

**Central Licensing Bureau**

SUITE 550  
PROSPECT BUILDING  
1501 NORTH UNIVERSITY  
LITTLE ROCK, ARKANSAS 72207

(501) 664-8044  
FAX (501) 664-8182

REVA FLETCHER  
President

GENA BRADSHAW, FLMI  
Vice President

February 10, 1998

Division of Corporations  
Certification Section  
P.O. Box 6327  
Tallahassee, Florida 32314

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\*\*\*\*\*70.00, \*\*\*\*\*70.00

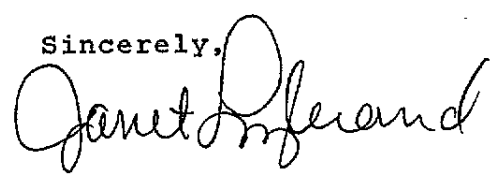
Dear Sir/Madam:

Enclosed please find the necessary documents to qualify Insurance Answer Center, Inc. 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 assistance with this filing.

Sincerely,



Janet Lybrand  
Initial Licensing Division

JL/dj

Enclosures

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 FEB 23 PM 3:12  
#223

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:*

1. Insurance Answer Center, 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. Delaware  
(State or country under the law of which it is incorporated)
3. 95-4547804  
(FEI number, if applicable)
4. 09/13/95  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. 1999 Avenue of the Stars  
Los Angeles, CA 90067  
(Current mailing address)
8. The corporation is in the business of insurance, functioning as an 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: Insurance Commissioner  
  
Office Address: Capitol  
  
Tallahassee, Florida, 32399-0300  
(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.*  
  
Insurance Commissioner  
(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.

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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: Alan Snyder

Address: 1999 Avenue of the Stars  
Los Angeles, CA 90067

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

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

President: Alan Snyder

Address: 1999 Avenue of the Stars  
Los Angeles, CA 90067

Vice President: Chong P. Chan

Address: 1999 Avenue of the Stars  
Los Angeles, CA 90067

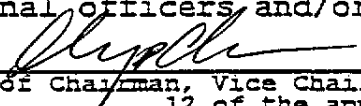
Secretary: Chong P. Chan

Address: 1999 Avenue of the Stars  
Los Angeles, CA 90067

Treasurer: \_\_\_\_\_

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

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. CHONG P. CHAN, Executive VP & CFO  
(Typed or printed name and capacity of person signing application)

State of Delaware  
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INSURANCE ANSWER CENTER, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JANUARY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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*Edward J. Freel*  
Edward J. Freel, Secretary of State

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AUTHENTICATION: 8872649

DATE: 01-20-98