ALSO MEMBER NEW YORK BAR

1720 HARRISON STREET SUITE 1820 HOLLYWOOD, FLORIDA 33020

(954) 925-6166 TELEFAX: (954) 925-4518

May 1, 1998

Florida Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: International Program Administrators

300<u>002510633---</u> -05/05/98--01036--003 \*\*\*\*131.25 \*\*\*\*131.25

Dear Sir/Madam:

Enclosed, herewith, please find the following original documentation:

- 1. Transmittal Letter;
- 2. Application by Foreign Corporation for Authorization to Transact Business in Florida;
- 3. Certificate of Existence from the Illinois Secretary of State; and
- 4. Check in the amount of \$131.25, representing your fees.

Please file the documents and return the certified documentation to me, in the envelope provided.

Thank you for your assistance. Should you have any questions, please do not hesitate to contact me.

JOSEPH L. SCHNEIDER

JLS/dro ......... Enclosures 98 MAY -5 PM 3: 2

## 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. Interna	tional Program Administrat	tors, Inc.			<del></del>
words or abbi	poration; must include the word "INC reviations of like import in language as or partnership if not so contained in	s will clearly indicate t	MPANY", "CORPOR that it is a corporation	ATION" or a instead of a	
2. <u>Illinois</u>		3. <u>36-4</u>			
(State or coun	try under the law of which it is incorp	orated)	(FEI number, i	f applicable)	
4. October	19, 1995	5. Perpetual	-	- 	
Œ	Date of incorporation)	(Duration: Ye	ar corp. will cease to	exist or "perpetual")	<del></del>
6. April 21,	1998				
	rst transacted business in Florida.) (SE	EE SECTIONS 607.150	01, 607.1502 and 817.	.155, F.S.)	· · ·
7. Associate	d Underwriters of America	Agency, Inc.			
					<del></del>
One Contine		. Rolling Meado	ws, IL 60008		-
The transce		nailing address)	hich componenti	ona may bayi'n	corporate
under the	tions of any or all lawfu Illinois Business Corpora	tion Act of 198.	3.	ons may be in	COLDOLACE
8					
(Purpos	e(s) of corporation authorized in hom	e state or country to be	carried out in state of	f Florida)	
9. Name and st	treet address of Florida registere	d agent: (P.O. Box	or Mail Drop Box N	OT acceptable)	
	Joe Schneider	_	-		_
Name:	oc bemieldel	-		\n	흐
Office Address:	1720 Harrison st. Ste. 18	20		98 HAY	SECF VISIO
	Hollywood,	, Flori	ida 33020	1	\$ <u>₹</u> ~
		, 11011	(Zip code)	<b>.</b>	S-7E
			( <b>p</b> 33 23)	7	중요.
10. Registered	agent's acceptance:			ယ္	STA RAI
Umina ham nan	and an anxiety and an east and the annual			20	NON TE
in this application	ned as registered agent and to accept n, I hereby accept the appointment as	service of process for t s registered agent and	the above stated corp agree to act in this co	oration at the place	designated
comply with the p	provisions of all statutes relative to th	e proper and complete	performance of my	ipacuy. I juriner ug duties, and I am fam	ree to tiliar with
and accept the ob	ligations of my position as registered	agent.	• •	,	
	x /	$\bigvee$	7.5		
	(Registered	l 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.

	and/or directors: (Street address ONLY	-1.0. Down to 1	·
A. DIRECTORS (Street address of			-
Address:			
		7	
Vice Chairman:		4	1
Address:			*
	#		
Director:			= 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Address:			Company of the Company
			<u> </u>
Director:			ers <u>I</u>
Address:			
	only - P.O. Box NOT acceptable)		
B. OFFICERS (Street address	only - P.O. Box NOT acceptable)		÷
			1
Address: One Continental To	owers, 1701 Golf Rd. Rolling	Meadows, IL 60008	n jan ka
		•	
	<u>i11</u>		
Address: One Continental To	ower 1701 Golf Rd. Rolling M	leadows, IL 60008	
		- 1	-
Secretary:			
Address:			
	***		
Treasurer:			# 1
Address:			<u> </u>
NOTE: If necessary, you may at	ttach an addendum to the application list	ing additional officers and/or directors	
$\sim$			
(Signature of Ch	nairman, Vice Chairman, or any officer li	isted in number 12 of the application)	
14. <u>Jord C. Hauge, Presi</u>	dent (Typed or printed name and capacity or	f person signing application)	

## File Number 5855-659-9



I, George H. Ryan, Secretary of State of the State of Illinois,



Sevry H Ryan SECRETARY OF STATE