TO: Qualification/Tax Lien Section **Division of Corporations**

SUBJECT: <u>Consumer Insurance Services of America</u>, <u>Inc.</u>
(Name of corporation - must include suffix)

700002609037--6 -08/06/98--01032--005 *****70.00 *****70.00

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:

<u></u>
DIVICIA 98 AU
98 AUG -6
7712-2412 &1.1073 rime Telephone Number 24

COURIER ADDRESS:

Qualification/Tax Lien Sec. **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. Consumer Insurance Services of America (Name of corporation: must include the word "INCORPORA words or abbreviations of like import in language as will cle natural person or partnership if not so contained in the name	early indicate that it is a corporation instead of a
2. MassachuseHs (State or country under the law of which it is incorporated)	3. <u>04-326/659</u> (FEI number, if applicable)
4. February 8, 1995 (Date of Incorporation)	5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
6. Has yet to transact business in Florida (Date first transacted business in Florida. (SEE SECTIONS	
7. 100 Cummings Center, Suite 206 C	98 VS
Beverly, MA 01915 (Current mailing)	AUG:
 8. Sales and service of insurance; not a line (Purpose(s) of corporation authorized in home state or country). 9. Name and street address of Florida registered agacceptable) 	ntry to be carried out in the state of Florida)
Name: CT Corporation System	
Office Address: 1200 South Pine Is	sland Road ~
Plantation	, Florida, 33324 (Zip Code)
10. Registered agent's acceptance:	(Zip Code)
Having been named as registered agent and to accomporation at the place designated in this applicated registered agent and agree to act in this capacity. If all statutes relative to the proper and complete performed and accept the obligations of myposition as registered	cation, I hereby accept the appointment as curther agree to comply with the provisions of crmance of my duties, and I am familiar with
SALVINA AMENTA-GRAY SPECIAL ASSISTANT SECRETARY (Registered agent's in the delivery of this application to the Department of St	cated, not more than 90 days prior to

official having custody of corporate records in the jurisdiction under the law of which it is

incorporated.

12. Name NO	es and addresses of officers and/or directors: (Street address ONLY- P. O. Box Γ acceptable)	
A. DIRI	ECTORS (Street address only- P. O . Box NOT acceptable)	
Chairman	: Brian K. McCarthy	
	100 Cummings Center, Suite 2066	
	Beverly, MA 01915	
Vice Cha	irman: John F. McCarthy, Jr.	
Address:	100 Cummings Center, Suite 206C	
	Beverly, MA 01915	
Director:	Kevin J. Seth	
Address:	100 Cummings Center, Suite 206C	
	Beverly, MA 01915	
Director:	Donald W. Fedderson	
Address:	1000 Winter Street, #3300	
	Waitham, MA 02154	
B. OFFI	CERS (Street address only- P. O. Box NOT acceptable)	
President	: Brian K. McCarthy	
Address:	100 Cummings Center, Suite 2016	
	Beverly, MA 01915	
Vice Pres	sident: John F. McCarthy, Jr.	
Address:	100 Cummings Center, Suite 206C	
	Beverly, MA 01915	
Secretary	: Patricia K. Boudrot	
Address:	100 Cummings Center, Suite 1069	
	Beverly, MA 01915	
Treasurer	: Stuart A. Robbin	
Address:	100 Cummings Center, Suite 2066	
	Beverly, MA 01915	
NOTE:	If necessary, you may attach an addendum to the application listing additional nd/or directors.	
13. <u>(</u> S	Ignature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	

14. Patricia K. Boudrot - Secretary
(Typed or printed name and capacity of person signing application)

FLORIDA APPLICATION FOR QUALIFICATION CONSUMER INSURANCE SERVICES OF AMERICA, INC.

TWELVE: Names and addresses of current directors and officers (continued)

A. DIRECTORS:

Director: John J. Kraska III Address: 1776 on the Green

67 Park Place

Morristown, NJ 78006

Director: Edgar W. Blanch, Jr. Address: 415 Highway 46 West Boerne, TX 78006

B. OFFICERS:

Sr. Vice President: Kevin J. Seth Address: 100 Cummings Center

Suite 206C

Beverly, MA 01915

SECRETARY OF STATE DIVISION OF CORPORATIONS



The Commonwealth of Massachusetts

Secretary of the Commonwealth State House, Boston, Massachusetts 02133

June 24, 1998

TO WHOM IT MAY CONCERN:

I hereby certify that the records of this office show that
Insurance Products Unlimited, Inc.

was incorporated under the General Laws of this Commonwealth on February 8, 1995

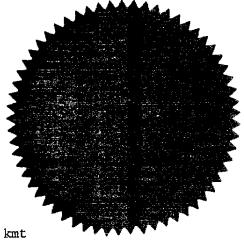
I further certify that by articles of amendment filed on November 10, 1995 the name of said corporation was changed to

Consumer Insurance Services of AMerica, Inc.

and said corporation still has legal existence.

98 AUG -6 PM 2: 30

FILED SECRETARY: OF STATE DIVISION OF COMPORATIONS



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Travin Galicin

Secretary of the Commonwealth

MGL Chapter 156B, § 83A provides that certain consolidations and mergers may be filed with the Division within thirty days after the effective date of the merger or consolidation.