

ADSHAW, FLMI

1501 NORTH UNIVERSITY LITTLE ROCK, ARKANSAS 72207

> (501) 664-8044 FAX (501) 664-6182

> > January 20, 1999

Secretary of State Corporate Divisions Division of Corporations Certification Section P.O. Box 6327 Tallahassee, Florida 32314

Initial Licensing Division

Dear Sir/Madam:

Enclosed please find the necessary documents to qualify SN Ins. Services, 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 consideration of this filing.

Sincerely,

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JG/sg

Enclosures

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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 RUSINESS IN THE STATE OF FLORIDA

. SN Ins	surance Services, Inc.	I DODII				•	
words or abbre	oration; must include the word "INCORPOR viations of like import in language as will cloor partnership if not so contained in the name	early indi	cate that it				
Cali 2.	fornia	3.	95-40	68160	<del>=</del>	·	
	y under the law of which it is incorporated)	-		(FEI number,	if applicable)		•
4. July	10, 1985 _ 5.		perpet	ual	<del></del>	10 - <del>-</del> -	
(Da				p. will cease to	o exist or "pe	rpetual") ்	- = -
6. When q	ualified			_			
(Date fire	st transacted business in Florida.) (SEE SECT	TIONS 60	7.1501, 60	7.1502 and 81	7.155, F.S.)	S A	-
7. 26601	Agoura Road	-		- 4		3 30	=
	sas, California 91302	-		-		3: ST N	•
a corporatio 8.b <u>anking bus</u> <b>Purnose</b>	(Current mailing a cose of this corporation is to company be organized under the Gainess, the trust company busing a cost of corporation authorized in home state of corporation Code. The corporation	engage eneral ess or er country	Corpora the pra	tion Law o ctive of a edoutin state	f Califor  professi  of Florida) i	nia other on permitt	than ed to be
9. Name and st	reet address of Florida registered agent	t: (P.O.	Box or Ma	il Drop Box	NOT accept	able)	
Name:	C T Corporation System			-			
Office Address:	1200 South Pine Island Road		-		. et		
	Plantation	· · ·	Florida, _	33324	<del></del>		
	(Zip code)						
Having been nam in this application comply with the p	agent's acceptance: ed as registered agent and to accept service , I hereby accept the appointment as registe rovisions of all statutes relative to the prope ligations of my position as registered agent.	red agen	t and agree	to act in this	capacity. I fi	urther agree to	•
	see attachment						
	(Registered agent's	s signatur	re)	<del></del>	··································		•
11	andificate of swintoness duly such auticated or	1	DO 3		Cd!	atti atti a a at	

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) SEE ATTACHMENT A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: Address: \_ Address: Director: B. OFFICERS (Street address only - P.O. Box NOT acceptable) SEE ATTACHMENT President: Vice President: Address: \_\_\_ Secretary: Address: \_ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. \_\_\_\_ William L. Gentz-President and CEO

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

FOR: SN Insurance Services, Inc.

### 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.

(Registered agent's signature)

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₹:

## SN Insurance Services, Inc.

Officers

William L. Gentz

President and Chief Executive Officer

Home Address:

18108 Chardon Circle Encino, CA 91316

Social Security Number:

315-38-7547

Date of Birth:

12/19/40

J. Chris Seaman

Executive Vice President, Chief Financial Officer

Home Address:

4936 Kilburn Court

Agoura, CA 91301

Social Security Number:

572-84-1470

Date of Birth:

11/04/54

Arnold J. Senter

Executive Vice President, Chief Operating Officer

Home Address:

35 Buckskin Road

Bell Canyon, CA

Social Security Number:

559-56-2405

Date of Birth:

03/24/42

Robert E. Nagle

Senior Vice President, General Counsel and Secretary

Home Address:

49 North Peregrine Circle

Agoura, CA 91301

Social Security Number:

310-52-2002

Date of Birth:

11/02/48

Doris K. T. Lai

Vice President, Finance and Treasurer

Home Address:

3285 Midvale Avenue

Los Angeles, CA 90034

Social Security Number:

570-55-0787

Date of Birth:

12/11/55

p. 2/2 NO. 0332

#### **BOARD OF DIRECTORS**

**NAME** 

Bradley Eric Cooper

Roger Whitney Gilbert Gordon Essex Noble Jonathan Chris Seaman William Lewis Gentz Steven Bennet Gruber Charles Leonhardt Pecchenino

Robert Alan Spass Steven Daniel Germain

Thomas Jay Jamieson Craig Frederick Schwarberg **ADDRESS** 

145 W. 67th Street New York, New York

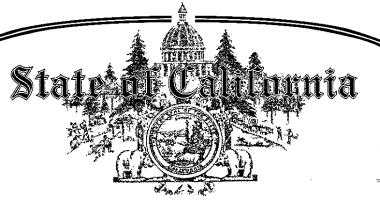
1801 Antigua Circle, Newport Beach, CA
2323 Mareast, Tiburon, CA 94920
4936 Kilburn Ct, Agoura, CA 91301
26601 Agoura Rd. Calabasas, CA 91302
18 Richbell Rd, Scarsdale, NY
10310 Kopachuck Drive NW, Gig Harbor WA
98335
10 Floral Court, Westfield, NJ 07090

80 Summit Drive, Hastings on the Hudson, New

York 10706

7600 Calle Cerca, Bakersfield, CA 93308 5407 Mission Hills, Mission Hills, KS 66208

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## SECRETARY OF STATE

# CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

## SN INSURANCE SERVICES, INC.

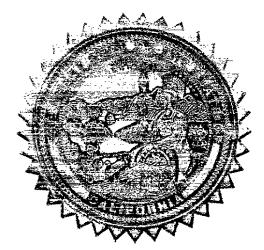
became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation with terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

November 16, 1998

Billyones

Secretary of State

SECRETARY OF STATE