CORPORATE ACCESS, 236 East 6th Avenue . Tallahassee, Florida 32303 INC. P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666 CERTIFIED COPY (CORPORATE NAME & DOCUMENT #) (CORPORATE NAME & DOCUMENT #) 900002910059--06/21/99--01044--005 *****78.75 *****78.75 (CORPORATE NAME & DOCUMENT #) (CORPORATE NAME & DOCUMENT #) SPECIAL INSTRUCTIONS

"When you need ACCESS to the world"
CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU = 120 3 3

12 HAL EG

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.	INVEST Financial Corporation Insuran (Name of corporation: must include the word "INCORPOR words or abbreviations of like import in language as will cl	ATI	ED", "COMPANY", "C	ORPORATION" of	or fa	. £ -
	natural person or partnership if not so contained in the nar	ne a	t present.)	or portunos i motore o		
2.	Illinois (State or country under the law of which it is incorporated)	3.	36-3325488 (FEI n	umber, if applicable	e)	
4.	July 1, 1984	5.	Perpetua1			
••	(Date of Incorporation)		(Duration: Year corp. "perpetual")	will cease to exist	or	-
6.	June 1, 1999	-				-
٠.	(Date first transacted business in Florida. (SEE SECTION	vs 60	07.1501, 607.1502, an	D 817.155, F.S.)		
7.	One Grant Square				.	
	Hinsdale, Illinois 60521			-		-
	(Current mailing	g ado	iress)			•
8.	To function as an insurance agency a (Purpose(s) of corporation authorized in home state or co	nd	to transact an	y or all oth		ful inesses
			-	•	9	NH Sesses
9.	Name and street address of Florida registered a acceptable)	age	nt: (P.O. Box or M	Iail Drop Box <u>N</u>	OT =	000 000 000 000 000 000 000 000 000 00
	Name: NRAI Services, Inc.		·		- P	
	Office Address: 526 E. Park Avenue				$\ddot{\omega}$	ORAI F STA
	Tellahassee		Florida	, 32301	မှ	SNO
1.0			, 1 101100	(Zip Code)		_ **
IC). Registered agent's acceptance:					
co re al	aving been named as registered agent and to a proporation at the place designated in this application at the place designated in this applications of the proper and complete per and accept the obligations of my position as registered agent (Registered agent Quendolyn Andrews, Assis	formed of	tion, I hereby accepther agree to companie of my duties agent. MMS gnature)	cept the appoint oly with the prov	tment a visions o	s f
11	 Attached is a certificate of existence duly authen delivery of this application to the Department of official having custody of corporate records in the 	itica Stai	ted, not more than te, by the Secretary	of State or other	r 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) Robert R. Blagojevich Chairman: Address: 2701 N. Rocky Point Drive, 7th Floor Tampa, Florida 33607 Vice Chairman: Address: Director: Robert R. Blagojevich Address: 2701 N. Rocky Point Drive, 7th Floor Tampa, Florida 33607 Director: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Roger Allen 2701 N. Rocky Point Drive, 7th Floor Address: Tampa, Florida 33607 Vice President: ____ Address: Secretary: Mary Neil Price Address: 721 First American Center Nasvhille, Tennessee 37237-0721 Treasurer: Gary Ward Address: 2701 N. Rocky Point Drive, 7th Floor Tampa, Florida 33607 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)

Roger Allen, President

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



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do



In Testimony Whereof, I, hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this ______ A.D. __________.

Desse White

SECRETARY OF STATE