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	E SETTER	
To: Qualification/Tax Lien Section		
Division of Corporations		
SUBJECT: NEAR NORTH INSURANCE BROKERAGE	, INC.	
(Name of corporati	on - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to transact business in Florida.	register the above reference	d foreign corporation to
		) <b>0029544943</b> -08/09/9901113001
Please return all correspondence concerning this matter	r to the following:	*****70.00 *****70.00
Anthony Burt	on	
(Name o	f Person)	<del> </del>
<u>Central Licensing Bureau</u>		
(Firm/Co	mpany)	
1501 N. University, Ste. 5	50	
(Add		
·	,	
Little Rock, AR 72207-5271	(mg)	
(City/Sta	ite/Zip)	(2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
		Φ
Should you need to call someone concerning this matte	r, please call:	AH11: 00
		The state of the s
Anthony Burton at ( 501	) 664–8044	00
(Name of Person) (Area	Code & Daytime Telephon	e Number)
		yntr
		a l
STREET ADDRESS:	MAILING ADDRESS:	8/12
Qualification/Tax Lien Section	Qualification/Tax Lien Se	ction
Division of Corporations	Division of Corporations	- · · · · · · · · · · · · · · · · · · ·
409 E. Gaines St. Tallahassee, FL 32399	P.O. Box 6327	
Tandidassee, P.D. 32379	Tallahassee, FL 32314	
Enclosed is a check for the following amount:		
\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee &  Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

## 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. NEAR NOR	RTH INSURANCE BROKERAGE, INC.	
words or app	rporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or previations of like import in language as will clearly indicate that it is a corporation instead of a perturbation or partnership if not so contained in the name at present.)	
2. <u>Illinois</u>		
(State or coun	atry under the law of which it is incorporated) (FEI number, if applicable)	_
412/26/62		
(T	Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6. Upon Qua	lification	
(Date fir	rst transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	_
	ichigan Avenue, 19th Floor	
		<del></del>
	Illinois 60611 (Current mailing address)	_9
	The state of the s	
8 To conduc	ct the business of a Third Party Administrator.	
(Purpose	e(s) of corporation authorized in home state or country to be carried out in state of Florida)	-27
		===
9. Name and st	reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name:	C T Corporation System	
	7	- · ·
Office Address:	1200 South Pine Island Road	
	Plantation Florida 33324	
	Plantation , Florida, 33324 (Zip code)	
0 D		
o. Registered a	agent's acceptance:	
omply with the pi	ed as registered agent and to accept service of process for the above stated corporation at the place desi , I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree rovisions of all statutes relative to the proper and complete performance of my duties, and I am familia ligations of my position as registered agent.	
	***Please See Attached***	
	(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.

12. Names and addre	esses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)		
	treet address only - P.O. Box NOT acceptable)		
Chairman: Michae			
Address: 1040	North Lake Shore Dr., Apt. 32A	<del></del>	
Chica	go, IL 60611		
Vice Chairman:	go, 1L 00011		
Director:		<u></u>	
Director:			-
		<u> </u>	····
		(A)	₹«
B. OFFICERS (Street	eet address only - P.O. Box NOT acceptable)	<u>3</u>	<u>Za</u>
President: Michael	Segal	ું - -	
	n Lake Shore Drive, Apt. 32A		220
	Illinois 60611		
Vice President:Jeff	Ludwig	6	<u>.</u>
Address: 1960 Palma			
Glenview,	IL 60025		
Secretary: Jeff Ludy	vig		
Address: Same as Ab	oove		<del></del>
			<del></del> .
Sr. V.P. & Treasurer: Donald Ke	endeigh		<del></del>
Address: 607 Birch	Lane		<del></del>
Fox River	Grove, IL 60021		
NOTE: If necessary, yo	u may attach an addendum to the application listing additional officers and/or directors.		<del></del> .
13. / / MICHAL	L Xal		
	re of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	<del></del>	
14. <u>Michael Segal</u>	President (Typed or printed name and capacity of person signing application)	<del></del>	<del> </del>
	various ratio and capacity of person signing application)		

#### ACCEPTANCE OF APPOINTMENT

#### RE: NEAR NORTH INSURANCE BROKERAGE, INC.

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: July 30, 1999

Jonathan L. Miles, Assistant Secretary

CORPORATION



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