

FB 9000004419

Central Licensing Bureau

SUITE 550  
PROSPECT BUILDING  
150 NORTH UNIVERSITY  
LITTLE ROCK, ARKANSAS 7207

(501) 664-8044  
FAX (501) 664-8182

REVA FLETCHER  
President

GENA BRIDSHAW, FLMI  
Vice President

August 18, 1999

Division of Corporations  
Certification Section  
P.O. Box 6327  
Tallahassee, FL 32314

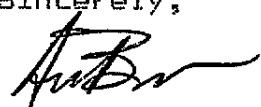
Dear Sir/Madam:

Enclosed please find the necessary documents to qualify GTC Insurance Agency, Inc. & MWF Insurance Agency, Inc. to do business in your state. I have enclosed a self-addressed UPS Next Day Air envelope for your convenience. Please expedite handling.

I trust this letter and the enclosed documents places in compliance with your state statutes. However, if any further action is required, please do not hesitate to contact me.

Thank you for your consideration of this filing.

Sincerely,



Anthony Burton  
Initial Licensing Division

AB/sg

Enclosure

400002965854--5  
-08/20/99--01076--021  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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99 AUG 20 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
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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 BUSINESS IN THE STATE OF FLORIDA.*

1. MWF Insurance Agency, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware  
(State or country under the law of which it is incorporated)
3. 22-3662753  
(FEI number, if applicable)
4. May 28, 1999  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 2500 Lake Cook Road  
Riverwoods, IL 60015  
(Current mailing address)
8. In the business of insurance, functioning as an insurance agency.  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
- Name: C T Corporation System
- Office Address: 1200 South Pine Island Road  
Plantation, Florida, 33324  
(Zip code)

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**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.*

\*\*\* 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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: \*\*\* Please See Attached \*\*\*

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: \*\*\* Please See Attached \*\*\*

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Robert D. Myrick

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert D. Myrick - President

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

**MWF Insurance Agency, Inc.****Officers & Directors**

	<b>Social Security #</b>	<b>D.O.B.</b>
<b><u>President</u></b> Robert D. Myrick 2500 Lake Cook Road Riverwoods, IL 60015 Phone: (801) 567-2680	528-52-5365	03-07-41
<b><u>V. Pres., Asst. Sec., Treas.</u></b> Bradley O. McBride 2500 Lake Cook Road Riverwoods, IL 60015 Phone: (801) 902-4030	563-86-8863	07-11-53
<b><u>Secretary</u></b> Hugh M. Hayden 2500 Lake Cook Road Riverwoods, IL 60015 Phone: 9847) 405-3082	129-40-7685	09-05-46
<b><u>Directors</u></b> Margaret J. Bellock 2500 Lake Cook Road Riverwoods, IL 60015 Phone: (847) 405-3022	328-38-7396	11-05-47
Kelly M. Corley 2500 Lake Cook Road Riverwoods, IL 60015 Phone: (847) 405-1009	557-49-5466	02-02-60
Janet L. Martin 2500 Lake Cook Road Riverwoods, IL 60015 Phone: (847) 405-3346	344-40-8537	05-18-56
<b><u>Insurance Officers</u></b> Margaret J. Bellock 2500 Lake Cook Road Riverwoods, IL 60015 Phone: (847) 405-3022	328-38-7396	11-05-47
Janet L. Martin 2500 Lake Cook Road Riverwoods, IL 60015 Phone: (847) 405-3346	344-40-8537	05-18-56

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**MWF Insurance Agency, Inc.****Officers & Directors****Insurance Officers****Eric P. Andersen****2500 Lake Cook Road****Riverwoods, IL 60015****Phone: (847) 291-2325****231-70-5823****07-13-53****Marieta K. Borzym****2500 Lake Cook Road****Riverwoods, IL 60015****Phone: (847) 405-2284****088-48-2387****09-21-53****Dorothy Murdock****2500 Lake Cook Road****Riverwoods, IL 60015****Phone: (847) 405-2114****397-84-5277****04-25-65****Tammy Jo Trefny****2500 Lake Cook Road****Riverwoods, IL 60015****Phone: (847) 291-2640****353-68-2070****10-08-66****Joby Orlowsky****2500 Lake Cook Road****Riverwoods, IL 60015****Phone: (847) 405-4106****326-46-1095****04-29-67****Jeanne Garrett****2500 Lake Cook Road****Riverwoods, IL 60015****Phone: (847) 405-4106****214-40-3730****05-07-42**

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TALLAHASSEE FLORIDA**

## ACCEPTANCE OF APPOINTMENT

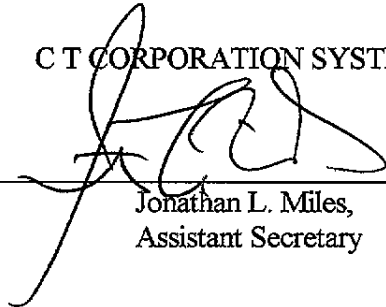
RE: MWF INSURANCE AGENCY, INC.

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: August 17, 1999

C T CORPORATION SYSTEM

By



Jonathan L. Miles,  
Assistant Secretary

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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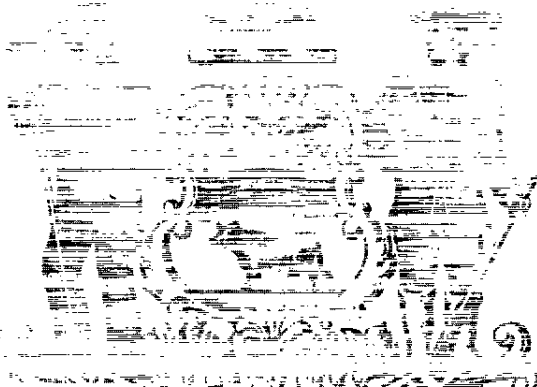
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*State of Delaware*  
*Office of the Secretary of State*

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PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MWF INSURANCE AGENCY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF AUGUST, A.D. 1999.



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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



  
Edward J. Freel, Secretary of State

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AUTHENTICATION: 9921670

DATE: 08-13-99