NORTHERN CAPITAL INSURANCE GROUP.

February 22, 2002

- NORTHERN CAPITAL COMMERCIAL LINES, INC. MORTHERN CAPITAL PERSONAL LINES, INC.
- NORTHERN CAPITAL LIFE AND HEALTH, INC.
- ≅ WAYNE MANN AGENCY, INC. BUSINESS INSURANCE BROKERS, INC.
- MCGOVERN AND FISHER INSURANCE AGENCY, INC.
- HENDRICKSON/GREENWICH AGENCY, INC. 40
- *DRM CONSULTING

Florida Dept. of State Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Re: Cert of Authority

000005021110--1 -02/26/02--01047--001 ****160.00 ****160.00

W02-5740

Enclosed is the application and check in the amount of \$160.00 for our agency NCI/BIB LLC. We are trying to obtain a Foreign Non-Resident license for our agency. As I understand this is the first step in the process. If there is anything else you need, you can call me at 800-676-8818.

I want to thank you for the kindness each time I have called asking questions. Everyone went out of there to be helpful and understanding. I really appreciated the kindness.

Sincerely, Geri Adair

Geri Adair

GA/

Enclosure



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 28, 2002

NORTHERN CAPITAL INSURANCE GOUP % GERI ADAIR PO BOX 9396 MINNEAPOLIS, MN 55440-9396

SUBJECT: NCI/BIB LLC

Ref. Number: W02000005740

We have received your document for NCI/BIB LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificateof existence from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Michael Mays Document Specialist

Letter Number: 402A00012234

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	WILL HADINI I COMMINI TO MANUSCI DOBLINAS IN THE SHILL OF I ESTADA
1.	NCI/BIB LLC
	(Name of foreign limited liability company)
2.	Minnesota 3. 41-1938086
•	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
	- 1 99
4.	(Date of Organization) 5. (Duration: Year limited liability company will cease to
	exist of "perpetual")
6.	upon Qualitication
	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
7.	JEANK KEINDENL
	P.O. Box 4479, 3016 Little Cypais Cove, Winter Park, (Street address of principal office)
	(Street address of principal office)
8.	If limited liability company is a manager-managed company, check here
_	
9.	The name and usual business addresses of the managing members or managers are as follows:
	Wrune 11 ann - 8200 Aschward De Bloomington, MN 5543
	Steven Leupke-8200 Highwood De, Blannington JANS55438
	Pat 11 Cladden - 8200 dichipped De. Bloomington M 55438
ΙO	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
	the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under each of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida:
	Mune Mass
	Signature of a member or an authorized representative of a member.
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury. That the facts stated herein are true.)
	11) (1 mb M) (000
	Typed or printed name of signee
	7 x 1 x 2 x 2 x 2 x 2 x 2 x 2 x 2 x 2 x 2

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
NCI/BIB hhC
2. The name and the Florida street address of the registered agent and office are:
Frank Reinoehl
3016 Little Cyppis Coll Florida street address (P.O. Box NOT ACCEPTABLE)
Winter Pack FL 32792
(City/State/Zip) S S S S S S S S S S S S S S S S S S
Having been named as registered agent and to accept service of process for the above stated limited
liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent as provided for in Chapter 608 F.S.
Fruk Rimehl
- (orginature)
\$ 100.00 Filing Fee for Application

\$ 25.00

\$ 30.00

\$ 5.00

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The limited liability company listed below is a limited liability company formed or registered to do business under the laws of Minnesota; the limited liability company was formed by the filing of articles of organization or registered to do business by filing an application for a certificate of authority with the Office of the Secretary of State on the date listed below; the limited liability company is governed by Chapter 322B of Minnesota Statutes; and this limited liability company is authorized to do business as a limited liability company at the time this certificate is issued.

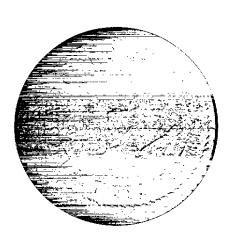
Name: NCI/BIB, LLC

Date Formed or Registered: April 23, 1999

State of Organization: Minnesota

This certificate has been issued on February

SEGNETARY OF STATE
TALL MASSEE, FLORIDA



Mary Kiffmeyer Secretary of State.