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FLORIDA DIVISION OF CORPORATIONS

PUBLIC ACCESS SYSTEM  
ELECTRONIC FILING COVER SHEET

((H96000013564 5))

TO: DIVISION OF CORPORATIONS  
(904) 922-4001

FAX #:

FROM: BANKERS INSURANCE CO.  
074230003715

ACCT#:

CONTACT: G. KRISTIN DELANO  
PHONE: (800) 627-0000  
(813) 823-6518

FAX #:

NAME: BANKERS CREDIT INSURANCE SERVICES, INC.  
AUDIT NUMBER.....H96000013564  
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.  
CERT. OF STATUS..0  
CERT. COPIES.....0

PAGES..... 6  
DEL.METHOD.. FAX/MAIL  
EST.CHARGE.. \$70.00

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FAX

AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

\*\* ENTER 'M' FOR MENU. \*\*

ENTER SELECTION AND <CR>:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Attention:

TERI  
8 pages

W 96 - 20504  
896A - 46215

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96 OCT 10 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TO 19049224001

P002



**Bankers Insurance Company ■ Bankers Life Insurance Company**

H96000013564

October 10, 1996

**SENT BY FACSIMILE TRANSMISSION**  
(904) 922-4001

Attention: Teri  
Document Specialist  
Secretary of State  
Division of Corporations  
Tallahassee, FL

Re: Bankers Credit Insurance Services, Inc.

Dear Dana:

Per our telephone conversation today, I am resubmitting the Articles of Incorporation for Bankers Credit Insurance Services, Inc. with the appropriate changes together with the letter from Division of Banking authorizing the use of the above referenced name.

Thank you for your assistance and cooperation in this matter.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Nancy C. Haire".  
Nancy C. Haire

10-10-96 10:32AM FROM 813 823 6518

TO 19049224001

P003

HP6000013564 5

Fax Audit Number \_\_\_\_\_



ROBERT F. MILLIGAN  
COMPTROLLER OF FLORIDA

OFFICE OF COMPTROLLER  
DEPARTMENT OF BANKING AND FINANCE  
STATE OF FLORIDA  
TALLAHASSEE  
32399-0350

September 23, 1996

Ms. Nancy C. Haire  
Corporate Paralegal  
Bankers Insurance Group  
Post Office Box 15707  
St. Petersburg, FL 33733-5707

Dear Ms. Haire:

Re: "Bankers Credit Insurance Services, Inc."

Thank you for your recent letter/fax requesting approval for use of the above-referenced name. It is the opinion of this Department that your name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company. Therefore, the Department does not object to your use of the above-referenced name being registered to conduct business in the State of Florida.

Sincerely,

A handwritten signature in black ink, appearing to read "Wm. Douglas Johnson", is written over a horizontal line.

Wm. Douglas Johnson  
Assistant Director  
Division of Banking  
101 East Gaines Street  
Suite 636, The Fletcher Building  
Tallahassee, FL 32399-0350  
(904) 488-1111

:kr

cc: Karen Beyer, Chief  
Bureau of Corporate Records  
Division of Corporations  
Secretary of State's Office

Fax Audit Number \_\_\_\_\_ HP6000013564 5

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TO 19049224001

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FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

September 27, 1996

BANKERS INSURANCE CO.

SUBJECT: BANKERS CREDIT INSURANCE SERVICES, INC.  
REF: W96000020504

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

In reviewing our records, we note there is a(n) BANKERS CREDIT INSURANCE SERVICES, INC., Document number 782726, in existence.

Because of the similarities between the existing corporation and the one you are now seeking to file with us, and because it is our duty to assure that all fees due this office in accordance with section 607.0130(2)(c), Florida Statutes, are collected, we are returning the articles of incorporation unfilled and must request you return the existing corporation to good standing by completing the enclosed reinstatement application and submitting it with the appropriate fees.

The fees to reinstate the corporation are as follows: \$175 reinstatement fee, \$61.25 filing fee per year for the years 1994 through the current year, \$138.75 supplemental fee for the years 1992 forward. The total fee to file the reinstatement is \$775.00, therefore, there is a balance of \$708.00 due. Add an additional \$8.75 for each certificate of status requested.

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 (904) 487-6933.

Dana Calloway  
Document Specialist

FAX Aud. #: W96000013554  
Letter Number: 296A00044562

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

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**ARTICLES OF INCORPORATION  
OF**

**BANKERS CREDIT INSURANCE SERVICES, INC.**

FILED  
96 OCT 10 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THE UNDERSIGNED HEREBY MAKE, SUBSCRIBE, ACKNOWLEDGE AND FILE THIS  
CERTIFICATE FOR THE PURPOSE OF BECOMING A CORPORATION UNDER THE LAWS  
OF THE STATE OF FLORIDA.

**ARTICLES I.**

**NAME**

The name of this corporation is Bankers Credit Insurance Services, Inc.

**ARTICLES II.**

**PURPOSE**

This corporation may engage in any activity or business permitted under the laws of the  
United States and of the State of Florida.

**ARTICLES III.**

**CAPITAL STOCK**

The maximum number of shares of stock that this corporation is authorized to have  
outstanding at any time is five hundred (500) shares of common stock at One and 00/100 (\$1.00)  
Dollars per share par value.

**ARTICLES IV.**

**DURATION**

This corporation is to exist perpetually.

This instrument was prepared  
C. Anthony Sexton, Esq.  
P. O. Box 16707  
St. Petersburg, FL 33733  
(813) 823-4000 ext. 4894  
FL Bar # 120930

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ARTICLES V.

PRINCIPAL OFFICE AND REGISTERED AGENT

The principal office of the corporation shall be located at 380 Central Avenue, St. Petersburg, FL 33701, Pinellas County, Florida.

The name and street address of the initial registered agent of the corporation in the State of Florida is: C. Anthony Sexton at 380 Central Avenue, St. Petersburg, FL 33701. The Board of Directors may, from time to time, appoint a substitute registered agent and move the registered office or the principal office, or both, to any other address in the State of Florida.

ARTICLES VI.

COMMENCEMENT OF CORPORATE EXISTENCE

The existence of this corporation shall commence upon filing with the Secretary of State's office.

ARTICLES VII.

BY-LAWS

The initial By-Laws shall be adopted by the Board of Directors. The power to alter, amend or repeal the By-Laws or adopt new By-Laws is vested in the Board of Directors, subject to repeal or change by action of the shareholders.

ARTICLES VIII.

AMENDMENT

The right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, is reserved to the Board of Directors, and any right conferred upon the shareholders is subject to this reservation.

ARTICLES IX.

INCORPORATORS

The names and addresses of the incorporators of this corporation are:

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NAME

ADDRESS

Nancy C. Haire

360 Central Avenue, St. Petersburg, FL 33701

IN WITNESS WHEREOF, these Articles of Incorporation have been signed, as  
Incorporator, by: Nancy C. Haire.

Dated October 10, 1996.

Nancy C. Haire  
Nancy C. Haire

STATE OF FLORIDA

COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 10<sup>th</sup> day of October, 1996, by  
Nancy C. Haire who is personally known to me or who has produced \_\_\_\_\_ as  
identification.

Paulette C. Millsaps

Paulette C. Millsaps, Notary Public

Serial Number: CC 516014

Commission Expiration Date: 12/5/99



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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR  
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

96 OCT 10 PM 12:34  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

First -- That Bankers Credit Insurance Services, Inc., desiring to organize under the laws of the State of Florida with its principal place of business in Pinellas County, Florida, has named C. Anthony Sexton, located at 360 Central Avenue, St. Petersburg, FL 33701 as its agent to accept service of process within this state.

**ACKNOWLEDGMENT**

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

  
C. Anthony Sexton, Registered Agent