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TRANSMITTAL LETTER

00 NOV 30 PM 12:28

TO: Registration Section
Division of Corporations

SUBJECT: American All-Risk Loss Administrators, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

000003483600--7
-12/01/00--01083--001
***70.00 ***70.00

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

W-28666

Laura Cullen

(Name of Person)

000003483600--7
-12/28/00--01020--002
***1150.00 ***1150.00

American All-Risk Loss Administrators, Inc.

(Firm/Company)

4274 W. Richert Ave.

(Address)

Fresno, CA 93722

(City/State and Zip code)

For further information concerning this matter, please call:

Laura Cullen, CFO

(Name of Person)

at (559) 277-4800

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 DEC 28 AM 11:00

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Enclosed is a check for the following amount:

\$70.00 Filing Fee

\$78.75 Filing Fee &
Certificate of Status

\$78.75 Filing Fee &
Certified Copy

\$87.50 Filing Fee,
Certificate of Status &
Certified Copy

mtu
12/28



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 6, 2000

LAURA CULLEN
4274 W. RICHERT AVE.
FRESNO, CA 93722

SUBJECT: AMERICAN ALL-RISK LOSS AMINISTRATORS, INC.
Ref. Number: W00000028666

We have received your document for AMERICAN ALL-RISK LOSS AMINISTRATORS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1150.00.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 900A00061641

00 DEC 28 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**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. American All-Risk Loss Administrators, 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. California 3. 94-2539565
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7-18-78 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 9-1-99
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 4270 W. Richert Ave., Fresno, CA 93722
(Principal office address)

Same
(Current mailing address)

8. Insurance claims administrator
(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: Sandra Lea Harrigan
Office Address: 2650 Apalache Parkway
Tallahassee, Florida 32301
(City) (Zip code)

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.



(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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: William J. Van Beurden

Address: 4270 W. Richert Ave.
Fresno, CA 93722

Vice Chairman: _____

Address: _____

Director: Robert M. McIntosh

Address: Same

Director: Steven C. Wigh

Address: Same

B. OFFICERS

President: Steve C. Wigh

Address: Same

Vice President: _____

Address: _____

Secretary: Eunice deHaai

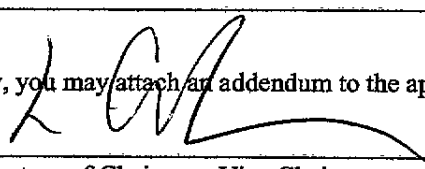
Address: Same

Treasurer: Laura M. Cullen

Address: Same

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TALLAHASSEE, FLORIDA

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)

14. Laura M. Cullen, CFO
(Typed or printed name and capacity of person signing application)



**SECRETARY OF STATE
CERTIFICATE OF STATUS
DOMESTIC CORPORATION**

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the 18th day of July, 1978, **AMERICAN ALL-RISK LOSS ADMINSTRATORS, INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

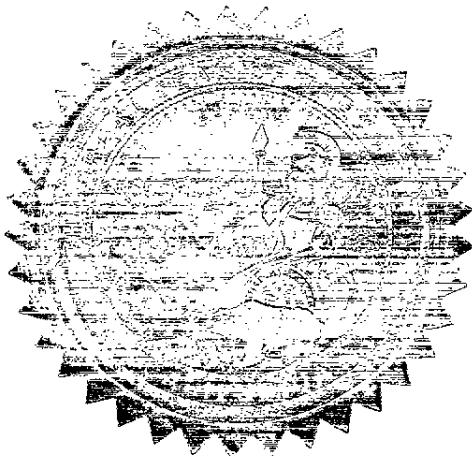
That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 27, 2000.

FILED
DEC 28 AM 11:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Bill Jones
BILL JONES
Secretary of State

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