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TRANSMITTAL LETTER

7

TO: Registration Section
Division of Corporations

FOR CORP

W02-20875

SUBJECT: H&W Insurance Services, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

00855-00734-02963 \$1150.⁰⁰

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:

Karri Tucker

(Name of Person)

700006483147--5

-07/18/02--01038--004

*****78.75 *****78.75

H&W Insurance Services, Inc.

(Firm/Company)

4300 Shawnee Mission Pkwy, Suite 101

(Address)

Shawnee Mission, KS 66205

(City/State and Zip code)

MJH

For further information concerning this matter, please call:

700006483147--5

-08/29/02--01025--004

***1150.00 ***1150.00

Karri Tucker

(Name of Person)

at (913) 676-9302

(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

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FILED

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



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 19, 2002

KARRI TUCKER
H&W INSURANCE SERVICES, INC.
4300 SHAWNEE MISSION PKWY., SUITE 101
SHAWNEE MISSION, KS 66205

SUBJECT: H&W INSURANCE SERVICES, INC.
Ref. Number: W02000020875

We have received your document for H&W INSURANCE SERVICES, INC. and your check(s) totaling \$78.75. 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 \$1,150.00.

Please return 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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 902A00044322

**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. H&W Insurance Services, 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. Kansas 3. 48-1238205
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9-20-00 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 1-01-01
(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. 4300 Shawnee Mission Pkwy, Suite 101, Shawnee Mission, KS 66205
(Principal office address)
P.O. Box 1085, Shawnee Mission, KS 66222-1085
(Current mailing address)
8. 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: S. Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.


ACCEPTANCE OF APPOINTMENT

RE: **H & W Underwriters 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: July 9, 2002

C T CORPORATION SYSTEM

By 
John J. Linnihan
Assistant Vice-President

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

A. DIRECTORS

Chairman: SEE ATTACHED

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: SEE ATTACHED

Address:

Vice President:

Address:

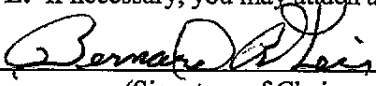
Secretary:

Address:

Treasurer:

Address:

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. Bernard R. Geis, President
(Typed or printed name and capacity of person signing application)

2002
DIRECTORS AND OFFICERS
H & W Insurance Services, Inc.

John Lawrence Worrall, Chief Executive Officer/Chairman of the Board
4600 Madison, Suite 717
Kansas City, MO 64112

Bernard R. Geis, President/Chief Operating Officer
4300 Shawnee Mission Pkwy, Suite 101
Shawnee Mission, KS 66205

Ronald G. Burrows, Ex. Vice President, Secretary, Treasurer/Board Member
4300 Shawnee Mission Pkwy, Suite 101
Shawnee Mission, KS 66205

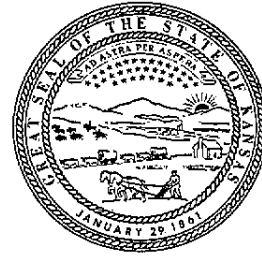
Marta Diane Love, Vice President/Board Member
4300 Shawnee Mission Pkwy, Suite 101
Shawnee Mission, KS 66205

Michelle W. Tilton, Board Member
4600 Madison, Suite 717
Kansas City, MO 64112

Gloria J. Darr, Vice President
4300 Shawnee Mission Pkwy, Suite 101
Shawnee Mission, KS 66205

STATE OF KANSAS

OFFICE OF
SECRETARY OF STATE
RON THORNBURGH



To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to corporations and that I am the proper official to execute this certificate.

I FURTHER CERTIFY THAT

H&W INSURANCE SERVICES, INC.

is a regularly and properly organized corporation under the laws of the state of KANSAS, having been incorporated in Kansas on the 20th day of September, A.D. 2000 and has paid all fees and franchise taxes due this office and is in good standing according to the records now on file in the office of Secretary of State.

In testimony whereof:
I hereto set my hand and cause
to be affixed my official seal.
Done at the City of Topeka, this
24th day of June, A.D. 2002



RON THORNBURGH
SECRETARY OF STATE