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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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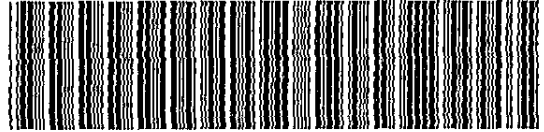
(Business Entity Name)

(Document Number)

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J. BROWN DEC 5 2005

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INSURANCE CENTRAL, INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

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:

**BONNIE WEINBERG**  
\_\_\_\_\_  
(Name of Person)

**INSURANCE CENTRAL**  
\_\_\_\_\_  
(Firm/Company)

**1155 EUGENIA PLACE**  
\_\_\_\_\_  
(Address)

**CARPINTERIA CA 93013**  
\_\_\_\_\_  
(City/State and Zip code)

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 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**BONNIE WEINBERG** at ( **805 566-9191 X1125** )  
 (Name of Person) (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

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

**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. **Insurance Central, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

**INSURANCE CENTRAL SERVICES, INC.**

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **CALIFORNIA**

(State or country under the law of which it is incorporated)

3. **77-0474382**

(FEI number, if applicable)

4. **12/10/1997**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **1155 EUGENIA PLACE, CARPINTERIA CA 93013**

(Principal office address)

**1155 EUGENIA PLACE, CARPINTERIA CA 93013**

(Current mailing address)

8. **DIRECT DISTRIBUTOR OF INSURANCE AND INVESTMENT PRODUCTS**

(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 NOT acceptable)

Name: **NRAI SERVICES, INC.**

Office Address: **2731 EXECUTIVE PARK DRIVE SUITE 4**

**WESTON**

(City)

Florida **33331**

(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.

*Sandi Nareoch, Assist. Secy.*  
(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 business addresses of officers and/or directors:

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DEPT OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**A. DIRECTORS**

Chairman: JOHN BYRON WIGLE  
Address: 1155 EUGENIA PLACE  
CARPINTERIA CA 93013

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

Director: JOHN FREDERIC RITCHIE  
Address: 1155 EUGENIA PLACE  
CARPINTERIA CA 93013

Director: JULIETTE LORAIN CAPRITTO  
Address: 1155 EUGENIA PLACE  
CARPINTERIA CA 93013

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**B. OFFICERS**


President: JOHN FREDERIC RITCHIE  
Address: 1155 EUGENIA PLACE  
CARPINTERIA CA 93013

Vice President: JOHN BYRON WIGLE  
Address: 1155 EUGENIA PLACE  
CARPINTERIA CA 93013

Secretary: PATRICIA CARD-VASQUEZ  
Address: 1155 EUGENIA PLACE, CARPINTERIA CA 93013

Treasurer: JULIETTE LORAIN CAPRITTO  
Address: 1155 EUGENIA PLACE, CARPINTERIA CA 93013

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

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. JOHN F. RITCHIE, PRESIDENT  
(Typed or printed name and capacity of person signing application)

State of California  
Secretary of State

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INSURANCE CENTRAL CORPORATION  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF STATUS  
DOMESTIC CORPORATION**

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That on the **10th day of December, 1997, INSURANCE CENTRAL** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; 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 6, 2005.



A handwritten signature in black ink, appearing to read "Bruce McPherson".

BRUCE McPHERSON  
Secretary of State