

F06000005969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

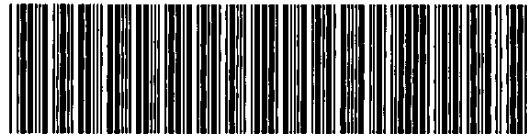
(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA



CHUBB LICENSING SERVICES LLC

15 Mountain View Road, P.O. Box 1615, Warren, New Jersey 07061-1615 • T: 800 824-6717 F: 908 903-4245

September 14, 2006

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

RE: NONRESIDENT AGENT'S LICENSE
STATE OF FLORIDA

Please register California Insurance Center as a nonresident agent in the state of Florida. Enclosed are the following:

1. Cover Letter
2. Application By Foreign Corporation For Authorization to Transact Business in Florida
3. Certificate of Good Standing
4. Chubb Licensing Services check in the amount of \$78.75

Thank you for your cooperation.

Tonda Pratt
Licensing Associate
Chubb Licensing Services LLC
(908) 903-2486

Encl.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: California Insurance Center
(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:

Tonda Pratt
(Name of Person)

Chubb Licensing Services
(Firm/Company)

15 Mountain View RD PO Box 1615
(Address)

Warren NJ 07061-1615
(City/State and Zip code)

For further information concerning this matter, please call:

Tonda Pratt at (908) 903-2484
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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. California Insurance Center
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

California Insurance Center Corporation

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

2. California 3. 94-1742928
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/15/1971 5. Perpetual
(Date of incorporation) (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. 3697 Mt. Diablo Blvd Ste 300 Lafayette, CA 94549
(Principal office address)

3697 Mt. Diablo Blvd Ste 300 Lafayette, CA 94549
(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 NOT acceptable)

Name: Corporation Service Company

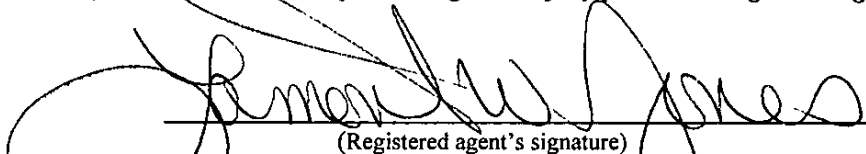
Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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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.

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

A. DIRECTORS

Chairman: No Title Assigned

Address: _____

Vice Chairman: No Title Assigned

Address: _____

Director: No Title Assigned

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Cory Higgins

Address: 3697 Mt. Diablo Blvd Ste 300 Lafayette, CA 94549

Vice President: Susan Kane

Address: 3697 Mt. Diablo Blvd Ste 300 Lafayette, CA 94549

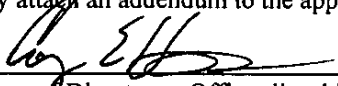
Secretary: No Title Assigned

Address: _____

Treasurer: No Title Assigned

Address: _____

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. Cory Higgins, President
(Typed or printed name and capacity of person signing application)

State of California
Secretary of State

CERTIFICATE OF STATUS
DOMESTIC CORPORATION

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

That on the **15th day of January 1971, CALIFORNIA INSURANCE CENTER** 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 August 29, 2006.



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

BRUCE McPHERSON
Secretary of State