# OFFICE OF SECRETARY OF STATE

FRANCES JONES MILLS Secretary



FRANKFORT, KENTUCKY

#### CERTIFICATE OF AUTHORITY OF

INSURANCE OFFICE OF AMERICA, INC., INSURANCE SERVICES

I, FRANCES JONES MILLS, Secretary of State of the Commonwealth of Kentucky, do hereby certify that duplicate originals of an application of

INSURANCE OFFICE OF AMERICA, INC., INSURANCE SERVICES SANTA ANA, CA for a Certificate of Authority to transact business in this Commonwealth, duly signed and verified pursuant to the Provisions of Kentucky Revised Statutes Chapter 271A have been received in this office and comply to said statutes.

Accordingly, as Secretary of State, and by virtue of the authority vested in me by law, I do hereby issue this Certificate of Authority to transact business in this Commonwealth under the name of

INSURANCE OFFICE OF AMERICA, INC., INSURANCE SERVICES



SECRETARY OF STATE

Witness my official signature and seal of office this 9TH FEBRUARY 19 81 at Frankfort, Kentucky. day of

ASSISTANT SECRETARY OF STATE

## OFFICE OF SECRETARY OF STATE

ORIGINAL COPY FILED SECRETARY OF STATTHERMAY L. STOVALL FRANKFORT, KENTUCKY Secretary



SECRETARY OF STATE

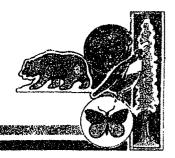
SECRETARY OF STA FRANKFORTD) SC S

Commonweaith of Kentucky

20177

APPLICATION FOR CERTIFICATE OF AUTHORITY

irst:	Name of Corp	poration INSURANCE OFFICE OF	F AMERICA, INC., INSURANCE SERVICES	
econd:	The name to be used in the state of Kentucky Same			
hird:	State or coun	try of incorporation <u>Californ</u>	nia	
Fourth:	Date of incor	poration June 20	, 1977	
	and duration	of incorporation <u>perpetu</u>	al	
Fifth:		incipal office in the state or country o		
		Broadway, Suite 21, Santa		
Sixth:	Address of proposed registered office in Kentucky KENTUCKY HOME LIFE BUILDING			
	c/o C T Corporation System, Louisville, Kentucky 40202			
	and name of registered agent in Kentucky at the same address			
	C T CORPORATION SYSTEM			
venth:			itends to transact business in the state of Kentucky	
eventh:		or purposes which said corporation in urance Agency and/or Insura		
eventh: ighth:	Ins	arance Agency and/or Insura		
ghth:	The names an more space is	d eddresses of all the corporate directoneeded.	ors and officers are as follows. Attach separate sheet if	
ghth: J. L. S	The names an more space is  NAME	orance Agency and/or Insurant deddresses of all the corporate director needed.  OFFICE President & Director	ors and officers are as follows. Attach separate sheet if  ADDRESS 2936 Fragancia Ave., Hacienda Hgts., C	
thth: J. L. S F. Sor	The names an more space is  NAME Smith	d eddresses of all the corporate directon eaded.  OFFICE President & Director Vice President	ors and officers are as follows. Attach separate sheet if  ADDRESS 2936 Fragancia Ave., Hacienda Hgts., C 24021 Alderglen, El Toro, CA 92630	
thth: J. L. S F. Sor	The names an more space is  NAME Smith	orance Agency and/or Insurant deddresses of all the corporate director needed.  OFFICE President & Director	ADDRESS 2936 Fragancia Ave., Hacienda Hgts., C 24021 Alderglen, El Toro, CA 92630 1920 Sherry Lane #30, Santa Ana, CA	
J. L. S F. Sor D. The	The names an more space is  NAME Smith antag	od addresses of all the corporate director and addresses of all the corporate director of the co	ADDRESS  2936 Fragancia Ave., Hacienda Hgts., C 24021 Alderglen, El Toro, CA 92630 1920 Sherry Lane #30, Santa Ana, CA 92701	
ghth: J. L. S F. Sor D. The	The names an more space is  NAME Smith	od addresses of all the corporate director and addresses of all the corporate director addresses	ADDRESS 2936 Fragancia Ave., Hacienda Hgts., C 24021 Alderglen, El Toro, CA 92630 1920 Sherry Lane #30, Santa Ana, CA	



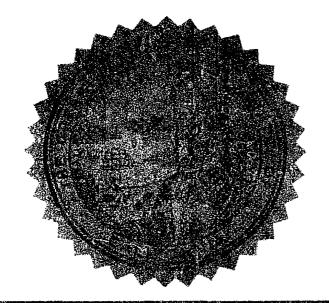
### State Of California OFFICE OF THE SECRETARY OF STATE

I, MARCH FONG EU, Secretary of State of the State of California, hereby certify:

That the annexed transcript was prepared by and in this office from the record on file, of which it purports to be a copy, and that it is full, true and correct.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this

JAN 22 1981



March Forg Eu

Secretary of State

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ARTICLES OF INCORPORATION OF INSURANCE OFFICE OF AMERICA, INC., INSURANCE SERVICES



ONE: The name of the corporation is INSURANCE OFFICE OF AMERICA, INC., INSURANCE SERVICES.

TWO: The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporation Code.

THREE: The name and address in this State of the corporation's initial agent for service of process in accordance with Subdivision (b) of Section 1502 is Ron Stenge, 2323 N. Broadway, Suite 435, P. O. Box 10938, Santa Ana, California 92711.

POUR: The corporation is authorized to issue only one class of shares and the total number of shares which the corporation is authorized to issue is 1,000 shares.

of the corporation's issued shares of all classes shall be held of record by not more than ten (10) persons.

DATED: June 17, 1977.

EARL C. WOODALL, Incorporator

I declare that I am the person who executed the above Articles of Incorporation, and such instrument is my act and dead.

ENGLISHED LINE

### C T CORPORATION SYSTEM

Associated with The Corporation Trust Company 700 SOUTH FLOWER STREET, SUITE 1010, LOS ANGELES, CAL. 90017 • (213) 680-1500

SECRETARY OF STATE

February 5, 1981 FFB 9 1981

RE: INSURANCE OFFICE OF AMERICA, INC. INSURANCE SERVICES

Secretary of State Corporation Department State Capitol Building Frankfort, Kentucky 40601 COMMONWEALTH OF KENTUCKY

Dear Sir:

Pursuant to the instructions of counsel: John K. Baldwin, Gen. Csl.
Insurance Office of America
P.O. Box 10938
Santa Ana, CA 92711

we enclose for filing the necessary documents to qualify this corporation in your state, together with funds in payment of the required fees.

When the enclosures have been filed, please notify this office by	
X Letter (Air Mail)TelegramTelephone.	
If for any reason filing cannot be effected promptly, please notify us of the details by -	
Letter (Air Mail) Telegram X Telephone.	
The usual evidence of filing should be sent to this office, by air mail.	
Yours very truly,	

Mark A. Shelton

Service Representative

C T CORPORATION SYSTEM

SPECIAL INSTRUCTIONS: