

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE



WHEREAS, the **PREFERRED INSURANCE SERVICES, INC.**, located at **EVANSTON** in the State of **ILLINOIS** has complied with all the requirements of the "**LIMITED HEALTH SERVICE ORGANIZATION ACT**".

NOW, THEREFORE, I, the undersigned, Director of Insurance of the State of Illinois, do hereby authorize the said Organization to transact its appropriate business in this State, in accordance with the laws thereof.

DEPARTMENT OF INSURANCE
OF THE STATE OF ILLINOIS

Date: 4-8-11

Michael T Mc Raith

Michael T. McRaith
Director

