

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Associated Insurance Administrators, 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," or "Certificate of Good Standing" 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:

Barbara Evans

Associated Insurance Administrators, Inc.
Name of Person

PO Box 231330
Firm/Company

Montgomery, Alabama 36123-1330
Address

bevans@aiamga.com
City/State and Zip code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Evans at (334) 387-3362
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

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

TALLAHASSEE, FLORIDA
2019 AUG 30 PM 4:43

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.

Associated Insurance Administrators, Inc.

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

AIA, Inc.

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

2. Alabama 3. 631103582 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/13/1993 5. (Date of incorporation) (Date of duration, if other than perpetual)

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

7. 4138 Carnichael Road, Montgomery, AL 36106 (Principal office address)

PO Box 231330, Montgomery, AL 36123-1330 (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Carey N. Bos

Office Address: 9501 Tavistock Rd.

Orlando, Florida 32827 (City) (Zip code)

9. 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.

[Handwritten signature]

(Registered agent's signature)

10. 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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: A. Bowen Ballard ✓
Address: 108 Bridle Path, Pike Road, AL 36064

Vice Chairman: N/A
Address: _____

Director: Bowen L. Ballard ✓
Address: 450 Sugar Drive, Santa Rosa Beach, FL 32459

Director: Jim Ridling ✓
Address: 306 Hunter Trail, Pike Road, AL 36064

B. OFFICERS

President: Med James ✓
Address: PO Box 2014, Shawnee Mission, KS 66201

Vice President: Willard L. Dean ✓
Address: 4900 Old Leeds Road, Mountain Brook, AL 35213

Secretary: Thomas K. Albrecht ✓
Address: 4138 Carmichael Road, Montgomery, AL 36116

Treasurer: Clark Dean
Address: 3340 Peachtree Road NE, Suite 1000, Atlanta, GA 30326

Chief Operating Officer: Barbara Evans PO Box 231330, Montgomery, AL 36123-1330

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

12. *Barbara Evans*
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Barbara Evans, Chief Operating Officer
(Typed or printed name and capacity of person signing application)

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John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Associated Insurance Administrators, Inc. was formed in Montgomery County, Alabama on October 15, 1993. The Alabama Entity Identification number for this entity is 159-878. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

07/25/2019

Date

John H. Merrill

Secretary of State