

F-95000002273
TRANSMITTAL LETTER

**TO: QUALIFICATION/REGISTRATION SECTION
DIVISION OF CORPORATIONS**

SUBJECT: Premium Payment Plan, Inc.
(Name of corporation)

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:

Julia Turner Neal
(Name of Person)
Strickland Insurance Group, Inc.
(Firm/Company)
1107 Parkway Drive
(Address)
Goldshoro, North Carolina 27533
(City, State and Zip Code)

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Should you need to call someone concerning this matter, please call:

Julia Turner Neal At (919) 751 - 1520
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:
Qualification/Registration Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Qualification/Registration Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS
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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION 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:**

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1. Premium Payment Plan, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. North Carolina 3. 56-128550
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 8, 1980 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. No business has been transacted in Florida
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 1107 Parkway Drive
Goldshoro, NC 27533
(Current mailing address)
8. Finance insurance premiums
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:
Name: Insurance Commissioner
Office Address: Capitol
Tallahassee, Florida, 32399-0300
(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.

Insurance Commissioner
(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 addresses of officers and directors:

A. DIRECTORS

Chairman: Robert W. Strickland

Address: 1107 Parkway Drive
Goldsboro, North Carolina 27533

Vice Chairman: James O. Eason, Jr.

Address: 1107 Parkway Drive
Goldsboro, North Carolina 27533

Director: Marianna S. Tillman

Address: 1107 Parkway Drive
Goldsboro, North Carolina 27533

Director: Robert C. Strickland

Address: 1107 Parkway Drive
Goldsboro, North Carolina 27533

B. OFFICERS

President: Robert C. Strickland

Address: 1107 Parkway Drive
Goldsboro, North Carolina 27533

Vice President: Kevin Grenier

Address: 1107 Parkway Drive
Goldsboro, North Carolina 27533

Secretary: Julia Turner Neal

Address: 1107 Parkway Drive
Goldsboro, North Carolina 27533

Treasurer: John E. Rzepinski

Address: 1107 Parkway Drive
Goldsboro, North Carolina 27533

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

13. Robert C. Strickland
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert C. Strickland, President
(Typed or printed name and capacity of person signing application)

17. Names and Addresses of officers and/or directors:

A. Directors cont.

Morace L. Best
507-A North Spence Avenue
Goldboro, North Carolina 27533

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STATE OF
NORTH
CAROLINA



Department of The
Secretary of State

CERTIFICATE OF EXISTENCE

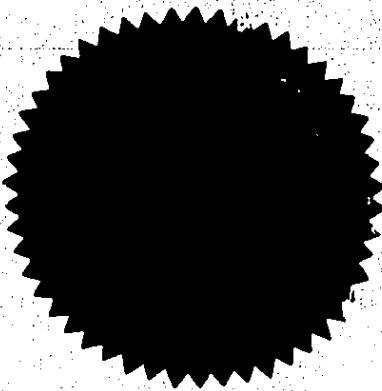
I, **RUFUS L. EDMISTEN**, Secretary of State of the State
North Carolina, do hereby certify that

PREMIUM PAYMENT PLAN, INC.

is a corporation duly incorporated under the laws of the State
of North Carolina, having been incorporated on the 8th day of
July, 1980, with its period of duration being perpetual.

I **FURTHER** certify that the said corporation's articles of
incorporation are not suspended for failure to comply with the
Revenue Act of the State of North Carolina; that the said
corporation is not administratively dissolved for failure to
comply with the provisions of the North Carolina Business
Corporation Act; that its most recent annual report required
by G.S. 55-16-22 has been delivered to the Secretary of State;
and that the said corporation has not filed articles of
dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my
hand and affixed my official seal at the City of
Raleigh, this 20th day of April, 1995.



Rufus L. Edmisten

Secretary of State

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