Document 5-9600006758

CT CORPORATION SYST	EM			
Requestor's Name 660 East Jefferson	Street			
Address Tallahassee, FL 32	301 222-1092	s	0000203 -12/24/96	17'9'QUS _{SS}
City State Zip	Phone		~12724796 *****70.1	U1175U16 30 ******70.0
CORPOR	ATION(S) NAME			
				
	agton Insurance	Agrney Service	s Tac	
<pre>% Profit () NonProfit () Limited Liability</pre>	() Amenda	nent	() Merger	DIVISION 95 DEC
**Foreign		on/Withdrawal	() Mark	PF CS TANK
() Limited Partnership () Reinstatement	() Annual F () Reservat		() Other UCC () Change of F () Fic. Name	
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W.P. Verifier				

CR2E031 (1-89)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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	(Name of corpora abbreviations of I	ike import in language (word "INCO as will clear	RPORATED", "COMPA ly indicate that it is a co	NY", "CORPO	DRATION",	or words or ural person
2.	Ohio	ot so contained in the r	•	,	3. <u>F</u> F	polied F	nniicahia)
	March 18, 19 (Date of inco	93		rpetual (Duration: Year corp	. will cease to	exist or "pe	erpetual")
6.	Upon Qualifi Date first transac	cation led business in Florida.	. (See sectio	ins 607,1501, 607,1502	, and 517.156	, F.S.))	
7.	41 South Hig	h Street, Columbu	. Ohio	43287		•	
•		(Current mailing	address)		•		
(I	Holding comp Purpose(s) of con Fiorida)	eny to own Insura- poration authorized in h	ome state o	r country to be carried o	out in the state	of of	
9. 1		t address of Fiorida r	_	agent:		20 00	SEC
		NO: C T Corporation C/O C T Corpora SS: Island Road		tem, 1200 South P	ine	1, 2,	PRETARY OF CC
		Plantation	, Florid	la, <u>33324</u> (Zip Code)		PH 3: 06	ED OF STATE ORPORATION
Havi desi furth	gnated in this apper agree to comp	as registered agent and plication. I hereby acceptly with the provisions o	pt the appoi If all statutes	ervice of process for the ntment as registered ag s relative to the proper a osition as registered ago	ent and agree and complete	d corporation to act in th	n at the place is capacity. I
		CT	Corporat	ion System			
			A CO	Mades (Officer)			
		• •	fonica Ma	• •			
(FL-	2189 - 11/16/94)	त्री	erialnot.	39918 (Fificer)			

- 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/or directors:

A.	DIRECTORS	
	Chairman:	Poter E. Goier
		41 South High Street
		Columbus, Ohio 43287
	Vice Chair	nan:
	Address:	
	Director:	
	Director:	
	Address: _	
B.	OFFICERS	
	President:	Villiam K. Browning
		105 West Fourth Street. Suite 601
		Cincinnati. Ohio 45202
	Vice Presid	lent:
	Secretary:	Daniel W. Morton
		1 South High Street
		Columbus, Ohio 43287

	reasurer:	
	Address:	
NOTE: If and/or dire	necessary, you may attach an addendum to the application listing additional officetors.	:ere
13. <u>(Signal</u>	ire of Chairman, Vice Chairman, or any officer listed in number 12 of the	
application	ile of Chairman, vice Chairman, orany difficer listed in humber 12 of the	
	or printed name and canacity of person signing application)	

UNITED STATES OF AMERICA, STATE OF OHIO, OFFICE OF THE SECRETARY OF STATE.

I, Bob Taft, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations and Miscellaneous filings; that said records show HUNTINGTON INSURANCE AGENCY SERVICES, INC., an Ohio corporation, Charter No. 840913, having its principal location in Columbus, County of Franklin, was incorporated on March 18th, 1993 and is currently in GOOD STANDING upon the records of this office.

96 DEC 24 PM 3: 06

SECRETARY OF STATE DIVISION OF CORPORATIONS



WITNESS my hand and official

seal at Columbus, Ohio this

17th day of December, A.D., 1996

Bob Taft

Secretary of State