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(Re	equestor's Name)	
(Ad	dress)	
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(Cil	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	}
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Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
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Watkins Ludlam Winter & Stennis, P.A.

TTORNEYS AT LAW

633 North State Street (39202)
Post Office Box 427
Jackson, Mississippi 39205-0427
Fax (601) 949-4804
www.watkinsludlam.com
MEMBER: MERITAS LAW FIRMS WORLDWIDE

Gulfport, Mississippi Jackson, Mississippi New Orleans, Louisiana Olive Branch, Mississippi

Linda S. Dale Certified Legal Assistant Resident in Jackson Direct Dial (601) 949-4967 Main (601) 949-4900 Idale@watkinsludlam.com

April 27, 2004

Via FedEX - 850-245-6052

Florida Department of State Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

Re: Hancock Insurance Agency, Inc.

Dear Sir:

Enclosed are an original and one (1) copy of the completed Application by Foreign Corporation for Authorization to Transact Business in Florida and our check in the amount of \$78.75 for your filing fee and a Certified Copy. Also enclosed are a Certificate of Good Standing from the Mississippi Secretary of State and a Transmittal Letter. Please file the Application and return a Certified Copy to me at the address above.

We appreciate your assistance in this matter.

Sincerely,

WATKINS LUDLAM WINTER & STENNIS, P.A.

Linda S. Dale

LSD/ Enclosures

TRANSMITTAL LETTER

Division of	f Corporations			
SUBJECT:	Hancock Insurance Ag	ency, Inc.		
Dear Sir or Madan	n:			
Florida," "Certifica			zation to Transact Business in ster the above referenced foreign	
Please return all co	orrespondence relating to	this matter to the follo	wing:	
	L	inda S. Dale	O SE	
·	Watkins Ludla	m Winter & Stennis, P		
	P. O. Box 427.	Jackson, MS 39205-0	427 SSEE	
		OR		
	633 North State	Street, Jackson, MS 39	$\frac{9202}{5} \frac{5}{5} \frac{9}{5} \frac{9}{5}$	
For further inform	ation concerning this mat	ter, please call:	C _A ω	
Linda Dale	at (601) 949-4967			
STREET ADDRI	ESS:	MAILING ADDRE	SS:	
Registration Section	Registration Section Registration Section			
Division of Corporations Division of Corporations				
409 E. Gaines St.	99 E. Gaines St. P. O. Box 6327			
Tallahassee, FL 32399 Tallahassee, FL 32314				
Enclosed is a chec	k for the following amou	nt:		
□ \$70 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status		□ \$87.50 Filing Fee & Certificate of Status & Cert. Copy	

TO: Registration Section

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1

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.

 Hancock Insured 	rance Agency, Inc.	- Lander			ياس بار . ; . سمير		_ : ;
	corporation; must include "INCO Corp," "Inc," "Co," or "Corp.")	RPORATED," "	COMPANY,"	"CORPORATI	ON,"		_
			<u> </u>	<u> </u>	- 4° - 12		_
(If name unava	ilable in Florida, enter alternate co	rporate name ado	pted for the pr	urpose of transac	ting busine	ss in Florida	1)
2. Mississippi, U		<u>. </u>					<u> </u>
(State or country	y under the law of which it is inco	rporated)	(FEI number, if a	pplicable)		
4. July 27, 1936		520)85	<u> </u>	<u> </u>		
(Da	te of incorporation)	1)	Duration: Year	r corp, will cease	e to exist or	"perpetual")
6. upon qualificat	tion	<u> </u>	<u></u> <u>-</u>	<u></u>	·		
(Date first trans	acted business in Florida. If corpo				sert "upon		.")
	(SEE SECTION	NS 607.1501, 60	17.1502 and 81	17.155, F.S.)	į		
7. 114 Main Stree	t, Bay St. Louis, MS 39520	100 may	<u></u>	<u> </u>		도 : 국	
	(Princi	pal office address	3)		ć	28 SR SS	COMMENTS COMMENTS
P. O. Box 2490	, Bay St. Louis, MS 39520	+ 4 .	į į	 د دری د	. [<u>π</u> ~	Pane
	(Currer	t mailing address	3)				-111
						25 € 25 26 € 26	U
8. Any or all law	ful business for which corporations	may be incorpor	ated under the	FL Business Co			
(Purpose	(s) of corporation authorized in ho	me state or count	ry to be carrie	d out in state of	Florida)		_
9. Name and st	reet address of Florida registe	red agent: (P.	O. Box or Ma	ail Drop Box N	OT accept	table)	
		· ·		• –	·	,	
Name:	C T Corporation System		- -	A CONTROL FOR		編	<u>.</u> .
Office Address:	1200 South Pine Island Road				v	J	
				22224			
	Plantation (City)		, Florida _	(7in code)			-
	(City)			(zap code)			
	agent's acceptance:						
	med as registered agent and to						
	is application, I hereby accept comply with the provisions of a						
	ar with And accept the obligation				iete perjoi	munce of i	ny aunes,
		of my pound					
	Corporation System						
	Bd:	·					
1	J.L. Miles (Registered agen	t's signature)	Asst. Se	эсу.			
	/ (,						

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 business addresses of officers and/or directors:

A. DIRE	CTORS						
Chairman:	Leo W. Seal, Jr., Director	<u> </u>	·	<u> </u>	, 1		
Address: _	2510 14th Street	and the second seco		<u> </u>			<u> </u>
	Gulfport, MS 39501				*	: . 	. 1
Vice Chair	man: George Schloegel, Director		<u> </u>	****		<u></u>	· · ·
Address:	2510 14th Street		· · · · · · · · · · · · · · · · · · ·	, · .	<u> </u>	· · · · · · · · · · · · · · · · · · ·	: '
, 	Gulfport, MS 39501		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		_ *3	
Director:	Carl J. Chaney			·		·	
Address: _	2510 14th Street	476 ···			· · · · · · · · · · · · · · · · · · ·		
	Gulfport, MS 39501	<u> </u>					<u>.</u>
Director:	Elizabeth A. (Betsy) Ashman	<u> </u>		<u>·</u>	:**	· · · · · · · · · · · · · · · · · · ·	<u></u>
Address:	114 Main St.		<u> </u>	<u> 348 - 25 - 6</u>	. <u>:</u> .		. 1 %
	Bay St. Louis, MS 39520	,	*	<u> </u>	15		· <u></u> .
B. OFFI	CERS					ZS _	
President:	Leo W. Seal, Jr.	<u>. 1987 - 12 (1921)</u>	4 4	<u>*</u>		O4 A	-
Address:	2510 14th Street	<u> </u>	÷ ·	₹	- ··	PR 2	
_	Gulfport, MS 39501	<u>.</u>	<u> </u>			8 7 8 8 8	
Vice Presid	dent: Elizabeth A. (Betsy) Ashman			<u> </u>		ν (ο 2 (ο	
Address: _	114 Main St.		<u></u>	, <u>\$</u> , _ ss		<u>55.</u> 53.	
_	Bay St. Louis, MS 39520		· -	्रहास ४ ५			
Secretary:	Sharon Kuntzman	<u></u>	<u> ,</u>	<u></u>	<u>.</u>	*#	
Address:	114 Main St., Bay St. Louis, MS 39520						
Treasurer:	Sharon Kuntzman	y. už e de <u>.</u>					<u>;</u>
Address:	114 Main st., Bay St. Louis, MS 39520		ে ক	N. 1. 1. 1. 1.	<u>.</u>	,	,
13	f necessary, you may attach an addendur and Company (Signature of Director or Officer I both A. (Betsy) Ashman, Director and Vice I) isted in number 12 o President	f the applica	ation)	s and/or o	directors.	
	(Typed or printed name and capacity of person signing application)						

HANCOCK INSURANCE AGENCY

Officers and Directors 114 Main Street, Bay St. Louis, MS 39520

Name	Position	Business Address
Elizabeth A. (Betsy) Ashman	Vice President and Director	114 Main Street Bay St. Louis, MS 39520
Carl J. Chaney	Vice President and Director	2510 14th Street Gulfport, MS 39501
Darryl J. Hebert	Vice President	2250 W. Laurel Ave. Eunice, LA 70535
Sharon Kuntzman	Sec./Treas.	114 Main Street Bay St. Louis, MS 39520
Chris Roth	Vice President	2510 14 th Street
Clifton Saik	Vice President	2510 14th Street ASR 23 Gulfport, MS 39501
George A. Schloegel	Vice President and Director	2510 14th Street
Leo W. Seal, Jr.	President and Director	Gulfport, MS 39501

State of Mississippi

Office of the Secretary of State Eric Clark, Secretary of State Jackson, Missisppi

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on July 27, 1936, the State of Mississippi issued a Charter/Certificate of Authority to:

HANCOCK INSURANCE AGENCY

That the state of incorporation is MISSISSIPPI.

That the period of duration is 99 years.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

S MISS

Given under my hand and seal of office April 20, 2004

Tric Clark

ERIC CLARK Secretary of State

Certification Number: 6368546-1 Page 1 of 1 Reference: fs Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify