

CT CORPORATION SYSTEM

F010000000213

CORPORATION(S) NAME

Oberlin Financial Corp.

400003535894--0

-01/12/01--01057--033

*****70.00 *****70.00

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|----------------------------------------------|-------------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

1/12/01

neg

Order#: 3510504

Ref#:

Amount: \$

RECEIVED
 FILED
 01 JAN 12 PM 12:40
 JAN 12 PM 1:55
 CLERK OF THE COURT
 TALLAHASSEE, FLORIDA

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615

1/11/12

**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


01 SEP 12 PM 1:55
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Oberlin Financial Corp.
(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. Ohio 3. 34-1905835
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8-25-1999 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Approval
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 209 N. Main St. P.O. Box 998
Bryan, OH 43506
(Current mailing address)
8. Full service broker-dealer w/ clients in all 50 states. Sell health, life, and annuity products.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
- Name: C T Corporation System
- Office Address: 1200 South Pine Island Road
- Plantation, Florida, 33324
(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.

C T Corporation System


(Registered agent's signature)

JOYCE A. GILBERT
ASSISTANT SECRETARY

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: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Earl Clifford Oberlin III

Address: 209 N. Main St. P.O. Box 998
Bryan, OH 43506

Vice Chairman: Pauline Oberlin

Address: 209 N. Main St. P.O. Box 998
Bryan, OH 43506

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

C.E.O. Earl Clifford Oberlin III

Address: 209 N. Main St. P.O. Box 998
Bryan, OH 43506

President/Secy: Jill R. Powers

Address: 209 N. Main St. P.O. Box 998
Bryan, OH 43506

C.O.O. Thomas W. Hofbauer

Address: 209 N. Main St. P.O. Box 998
Bryan, OH 43506

Treasurer/C.F.O.: Stephen B. Hess

Address: 209 N. Main St. P.O. Box 998
Bryan, OH 43506

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

13. Jill R. Powers
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

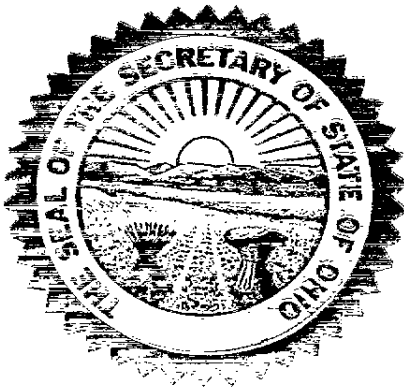
14. Jill R. Powers - President, Secretary
(Typed or printed name and capacity of person signing application)

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

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01 JAN 12 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, J. Kenneth Blackwell, 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; that said records show OBERLIN FINANCIAL CORP., an Ohio corporation, Charter No. 1110994, having its principal location in Bryan, County of Williams, was incorporated on August 25, 1999 and is currently in GOOD STANDING upon the records of this office.



*WITNESS my hand and official seal at
Columbus, Ohio on
December 7, 2000*

J. Kenneth Blackwell

J. Kenneth Blackwell
Secretary of State