

FO1000004166

01 AUG -3 PM 1:22
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Alliance Insurance Group, Inc.

500004514205--1

-08/03/01--01026--011

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

RECEIVED
DEPARTMENT OF STATE
CORPORATION
AUG 3 AM 10:4
NOT ATTENDED
AND ACKNOWLEDGE
SUFFICIENCY OF FILING

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

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

8/3/01

Order#: 4698378

BK

Ref#: _____

Amount: \$ _____

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



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 3, 2001

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: ALLIANCE INSURANCE GROUP, INC.
Ref. Number: W01000017993

01 AUG -3 PM 1:22
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ALLIANCE INSURANCE GROUP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$70.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The name designated in your document is not available. Therefore the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

01 AUG -6 AM 11:06
STATE DEPARTMENT OF
CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED

Buck Kohr
Corporate Specialist

Letter Number: 501A00044938

01 AUG -3 PM 11:22
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please back-date

Thurs

JA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

01 AUG -3 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

August 6, 2001

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: ALLIANCE INSURANCE GROUP, INC.
Ref. Number: W01000017993

We have received your document for ALLIANCE INSURANCE GROUP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we are STILL RETAINING your \$70.00 payment.

We are sorry to have to return your filing a second time. As you know, the actual name of this corporation -- ALLIANCE INSURANCE GROUP, INC. -- is not available in Florida.

However, the alternate name you have chosen -- ALLIANCE COMPANY, INC. - is also not available in Florida. Under our name rules, the word "Company" is a suffix, and does not distinguish one name from another.

Please choose another alternate name. You may wish to simply use the actual corporate name, and add "of Missouri" or "(MO)".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Corporate Specialist

Letter Number: 101A00045107

*Please back-date
Tubs
GA*

2001 AUG -7 AM 11:12
NOT RECEIVED
AND ACKNOWLEDGEMENT
DEFICIENCY OF FILING
RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
01 AUG -3 PM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned DAVID JATHO, do hereby certify
(Name)

that this Resolution of the Board of Directors of Alliance Insurance Group Inc.

(Corporate Name)

a corporation duly organized and existing under the laws of the State of MISSOURI

was duly adopted on 8/3/01

Be it resolved, that Alliance Insurance Group Inc.

(Corporate Name)

organized and existing in the State of MISSOURI, hereby adopts the name

Alliance Brokerage, Inc.

for use in Florida.

Dated: 8/3/01

David Jatho
Signature of either Chairman, Vice Chairman or any officer

DAVID JATHO

Type or print name

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

01-11-2006 - 3:11 PM
FILED
STATE DEPT. OF STATE
TALLAHASSEE, 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. Alliance Insurance Group, 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. Missouri 3. 43-1933561
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/13/2001 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 111 E. Broadway, Suite 340
Columbia, MO 65203
(Current mailing address)
8. Insurance Agency
(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
M. S. Green
(Registered agent's signature)

M. S. Green, Asst. Secy.

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)

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TALLAHASSEE, FLORIDA

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

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: David C. Jatho

Address: 111 East Broadway, Suite 340

Columbia, MO 65203

Director: _____

Address: _____

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

President: David C. Jatho

Address: 111 East Broadway, Suite 340

Columbia, MO 65203

Vice President: _____

Address: _____

Secretary: Roy M. Hombs

Address: 111 East Broadway, Suite 340

Columbia, MO 65203

Treasurer: _____

Address: _____

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

13. David C. Jatho

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. David C. Jatho, President

(Typed or printed name and capacity of person signing application)

No. CC0498622

STATE OF MISSOURI



01 AUG -3 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

Matt Blunt
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF CORPORATE GOOD STANDING

I, MATT BLUNT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

ALLIANCE INSURANCE GROUP, INC.

was incorporated under the laws of this State on the 13th day of JULY, 2001, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 31st day of JULY, 2001.



Matt Blunt
Secretary of State