

CT CORPORAT

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CORPORATION(S) N.

Association Insurance Company

FILED
OCT -5 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400004625124--1
-10/05/01--01059--010
*****70.00 *****70.00

400004625124--1
-10/05/01--01059--011
*****8.75 *****8.75

<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 BK	<input checked="" 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		

RECEIVED
01 OCT -5 PM 12:24
DIVISION OF CORPORATION

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

10/5/01

Order#: 4827996

Mg

Ref#: _____

Amount: \$ _____

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

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

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STATE OF FLORIDA
TALLAHASSEE

- 1. Association Insurance Company
(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. Georgia 3. 56-1410015
(State or country under the law of which it is incorporated) (FEI number, if applicable)
- 4. March 22, 1984 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. P.O. Box 724901, Atlanta, GA 30339
(Current mailing address)

8. Property & Casualty Insurer
(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.

Margaret E. Routzahn
C T Corporation System
(Registered agent's signature)

MARGARET E. ROUTZAHN
Special 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: REFER TO ATTACHMENT

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

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

President: REFER TO ATTACHMENT

Address: _____

Vice President: _____

Address: _____

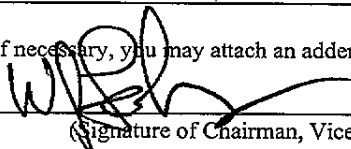
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. William J. Lohmeyer, III
(Typed or printed name and capacity of person signing application)

ASSOCIATION INSURANCE COMPANY

OFFICERS & DIRECTORS

DIRECTORS

NAME	BUSINESS ADDRESS
Troy Eugene Barber	115 Robinson Court, Suite A, Fayetteville, GA 30214
John Christopher Bowles	1012 Tindon Street, Augusta, GA 30909
Gerald Aubrey Kopp	2410 Paces Ferry Road, Suite 300, Atlanta, GA 30339
Richard Lane	5763 Veterans Parkway, Columbus, GA 31904
Allen McDonald Richardson	2169 Lawrenceville Highway, Suite 200, Lawrenceville, GA 30044
Michael Fredrick Ryan	6605 Abercorn Street, Suite 214, Savannah, GA 34105
William Lewis Schwanebeck, Jr.	2508 Moody Road, Warner Robins, GA 31088

OFFICERS

NAME	TITLE	BUSINESS ADDRESS
Gerald Aubrey Kopp	Secretary	2410 Paces Ferry Road, Suite 300, Atlanta, GA 30339
William Joseph Lohmeyer, III	President and Treasurer	2410 Paces Ferry Road, Suite 300, Atlanta, GA 30339

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TALLAHASSEE, FLORIDA

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : J650374
DATE INC/AUTH/FILED : 02/18/1986
JURISDICTION : GEORGIA
PRINT DATE : 10/04/2001
FORM NUMBER : 211

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORPORATION SYSTEM
RUDENE REMBERT
1201 PEACHTREE STREET, N.E.
ATLANTA, GA 30361

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

ASSOCIATION INSURANCE COMPANY
INSURANCE COMPANY

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20011004134611321



Cathy Cox
Secretary of State