

FO20000008614 5.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McNeary Insurance Consulting, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jannette Mullis, Controller, AVP
(Name of Person)

McNeary Insurance Consulting, Inc.
(Firm/Company)

6525 Morrison Blvd., Suite 200
(Address)

Charlotte, NC 28211
(City/State and Zip code)

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-01/31/02-01014-011
*****78.75 *****78.75

For further information concerning this matter, please call:

Jannette Mullis at (704) 365-4150
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FILED
02 JAN 31 PM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

with
2/5

**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.*

1. McNeary Insurance Consulting, Incorporated
(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. North Carolina 3. 56-0932184
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/31/68 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 6525 Morrison Blvd, Suite 200 Charlotte, NC 28211
(Principal office address)

same as above
(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)

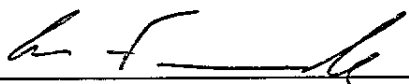
Name: C T Corporation System

Office Address: 1200 South Pine Island Rd.

Plantation, Florida 33324
(City) (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.


(Registered agent's signature)

ALLAN FARNELL
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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors: **(see attached)*

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

14. *Jannette Mullis, Controller, AVP*
(Typed or printed name and capacity of person signing application)

McNeary Insurance Consulting, Inc.
Officers
Revised October 1, 2001

OPERATING OFFICERS

William D. Yaeger
Sam L. Boone, III
William B. Brown
Mark D. Francis
Randy L. Giddens
Thomas M. Hodges
E. Lynne Skelton

President and Treasurer
Executive Vice President
Senior Vice President
Senior Vice President
Senior Vice President
Senior Vice President
Senior Vice President

Robert H. Bosshardt
Kelly N. Briner
Candyce C. Eller
Carl W. Malmberg
Richard F. Pettit
F. Bailey Pipkin
Jeanne S. Price
Ralph M. Ricketson, Jr.
Brian H. Simmons
Jack A. Turner
Thomas F. Walston
R. Brian Wilcox

Vice President
Vice President
Vice President
Vice President
Vice President
Vice President
Vice President
Vice President
Vice President
Vice President
Vice President
Vice President

Jannette M. Mullis

Controller/Assistant Vice President

Steven T. Bird
Jo Ann R. Boice
P. Dan Brandon
Cheryl K. Clark
Jeffrey A. Cole
Glenn A. Curtis
W. Clint Escoe
Sherri S. Hartsell
Maggie Lopez
Robert E. Taylor

Assistant Vice President
Assistant Vice President
Assistant Vice President
Assistant Vice President
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Assistant Vice President
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Assistant Vice President

BOARD OFFICERS

Sam L. Boone, Jr.

Henry M. Boone

Executive Committee Chairman
Chairman
Vice Chairman of the Board

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE

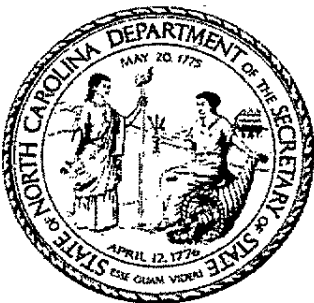
I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

MCNEARY INSURANCE CONSULTING , INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 31st day of December, 1968, with its period of duration being Perpetual.

I **FURTHER** certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 **has been** delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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02 JAN 31 PM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 14th day of November, 2001.

Elaine F. Marshall
Secretary of State

FO20000000614 5

TRANSMITTAL LETTER

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Division of Corporations

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(Name of corporation - must include suffix)

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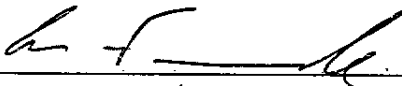
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Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

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McNeary Insurance Consulting, Inc.
Officers
Revised October 1, 2001

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William B. Brown	Senior Vice President
Mark D. Francis	Senior Vice President
Randy L. Giddens	Senior Vice President
Thomas M. Hodges	Senior Vice President
E. Lynne Skelton	Senior Vice President

Robert H. Bosshardt	Vice President
Kelly N. Briner	Vice President
Candyce C. Eller	Vice President
Carl W. Malmberg	Vice President
Richard F. Pettit	Vice President
F. Bailey Pipkin	Vice President
Jeanne S. Price	Vice President
Ralph M. Ricketson, Jr.	Vice President
Brian H. Simmons	Vice President
Jack A. Turner	Vice President
Thomas F. Walston	Vice President
R. Brian Wilcox	Vice President

Jannette M. Mullis	Controller/Assistant Vice President
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Jo Ann R. Boice	Assistant Vice President
P. Dan Brandon	Assistant Vice President
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Jeffrey A. Cole	Assistant Vice President
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W. Clint Escoe	Assistant Vice President
Sherri S. Hartsell	Assistant Vice President
Maggie Lopez	Assistant Vice President
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Henry M. Boone	Vice Chairman of the Board

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NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE

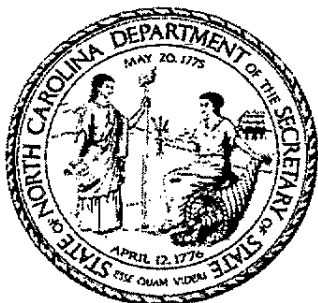
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