

F02000000990

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CNL/Insurance America, Inc.
(Name of corporation - must include suffix)

FILED
02 FEB 22 PM 5:17
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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:

Mr. Terry McClellan, Vice President
(Name of Person)

CNL/Insurance America, Inc.
(Firm/Company)

2960 Riverside Drive
(Address)

Macon, Georgia 31204
(City/State and Zip code)

For further information concerning this matter, please call:

300004911283--9
-02/12/02--01038--017
*****78.75 *****78.75

Terry McClellan at (800) 477-4511 Ext #3148
(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:

BK

☐ \$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



2960 Riverside Drive P.O. Box 13007 Macon, Georgia 31208-3007 (478) 471-9850

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
CNL Financial Corporation Company

February 11, 2002

To: Secretary of States Office
Registration Section
Division of Corporations

From: Terry A. McClellan *me*
Vice President

Re: Certificate of Status

Please find enclosed the application for a Foreign Corporation to transact business in Florida. I apologize for the delay, but it was mailed to the Department of Insurance in error. If you have any questions or need any additional information, please contact me at 1-800-477-4511.

Thank you for your help with this matter.

Enclosures: Filing Fee
Transmittal Letter
Application For Foreign Corporations



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 14, 2002

TERRY MCCLELLAN
CNL/INSURANCE AMERICA, INC.
2960 RIVERSIDE DRIVE
MACON, GA 31204

SUBJECT: CNL/INSURANCE AMERICA, INC.
Ref. Number: W02000004412

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CNL/INSURANCE AMERICA, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

Please also note that we have RETAINED your \$78.75 payment.

In addition to the application, you must submit a CERTIFICATE OF EXISTENCE from the Georgia Secretary of State's office.

The CERTIFICATE OF EXISTENCE is a 1-page certificate with no attachments. It will state that the company is incorporated in Georgia and continues in legal existence as of the date of the certificate. The certificate must be dated within the past 90 days.

You may use the enclosed self-addressed envelope to return the certificate.

A sample Georgia certificate is enclosed.

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: 902A00009137

**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. CNL/Insurance America, 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. Georgia 3. 58-1761968
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. September 9, 1987 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. 2960 Riverside Drive, Macon, Georgia 31204
(Principal office address)
- P O Box 6097, Macon, Georgia 31208-6097
(Current mailing address)

8. To write insurance in the State of Florida
(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: Stephen R. Gardiner

Office Address: 2828 S. McCall Road, Suite 32, Box 13

Englewood, Florida 34224
(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.

Stephen R Gardiner
(Registered agent's signature)

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

FLORIDA DEPARTMENT OF INSURANCE



STEPHEN RANDALL GARDINER
Lic.# : A093403
IS LICENSED TO TRANSACT THE
FOLLOWING CLASSES OF INSURANCE:
Gen. Lines (Prop. & Cas. Ins.)
Life & Variable Annuity
Life, Variable Annuity & Health
Life
Health

Stephen R. Gardiner
SIGNATURE

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: John Ritter Barton

Address: One American Square, Indianapolis, Indiana 46282-0001

Vice Chairman: _____

Address: _____

Director: Kevin Patrick Stutler

Address: One American Square, Indianapolis, Indiana 46282-0001

Director: Scott Martin Shover

Address: One American Square, Indianapolis, Indiana 46282-0001

B. OFFICERS

President: Ernest Doyle Kelly

Address: 2960 Riverside Drive, Macon, Georgia 31204

Vice President: Christopher Robert Greene

Address: 2960 Riverside Drive, Macon, Georgia 31204

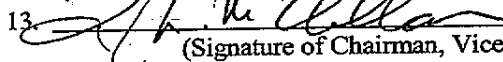
Secretary: Donna Kay McGoldrick

Address: 2960 Riverside Drive, Macon, Georgia 31204

Treasurer: Donna Kay McGoldrick

Address: 2960 Riverside Drive, Macon, Georgia 31204

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. Terry A. McClellan, Vice President
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

DIRECTORS (continued from Section A)

Director: Jerry Lee Plummer
Address: One American Square, Indianapolis, Indiana 46282-0001

Director: Ernest Doyle Kelly
Address: 2960 Riverside Drive, Macon, Georgia 31204

Director: Christopher Robert Greene
Address: 2960 Riverside Drive, Macon, Georgia 31204

Director: Donna Kay McGoldrick
Address: 2960 Riverside Drive, Macon, Georgia 31204

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TALLAHASSEE, FLORIDA

OFFICERS (continued from Section B)

Vice President: Terry Acton McClellan
Address: 2960 Riverside Drive, Macon, Georgia 31204

Vice President: Carswell Hannon Petersen
Address: 2960 Riverside Drive, Macon, Georgia 31204

Vice President: John Augustus Dattilo
Address: 2960 Riverside Drive, Macon, Georgia 31204

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

DOCKET NUMBER : 020230464
CONTROL NUMBER: J720425
DATE INC/AUTH : 09/09/1987
JURISDICTION : GEORGIA
PRINT DATE : 01/23/2002
FORM NUMBER : 261

CNL INSURANCE AMERICA
ATTN: LAURA M. JONES
P.O. BOX 6097
MACON, GA 312086097

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State and the Corporations Commissioner of the State of Georgia, do hereby certify under the seal of my office that

CNL/INSURANCE AMERICA, INC.

was duly incorporated or authorized to transact business in Georgia on the above date. Said corporation is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution.

This certificate is issued under the authority of Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.

This certificate applied only to filings pursuant to Title 14 of the Official Code of Georgia Annotated. Information concerning insurance related filings must be certified by the Georgia Commissioner of Insurance.



A handwritten signature in black ink, appearing to read 'Cathy Cox'.

Cathy Cox
Secretary of State