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CT CORPORATION SYSTEM

December 4, 2002

Secretary of State, Florida 409 East Gaines Street N/A Tallahassee FL 32399

Re: Order #: 5715913 SO Customer Reference 1:

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Willis Insurance Services of Georgia, Inc. (GA) Qualification Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton Sr. Fulfillment Specialist Jeff\_Netherton@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 02 DEC -4 PH 1:24
SEUSE BARY OF STALL
HASSEF ET STALL

## 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.

| ١.         | Willis Insuran                       | ce Services of Georgia, Inc.   |                                | <del>-</del>      | _                     |                     |             |               |
|------------|--------------------------------------|--|--------------------------------|-------------------|-----------------------|---------------------|-------------|---------------|
|            | words or abbre                       | oration; must include the word "<br>eviations of like import in langua<br>or partnership if not so contained                                   | ge as will clea                | rly indicate that |                       |                     |             |               |
| 2,         | Georgia                              | =  | -                              | <u>3 58-170</u> 4 | 1046                  |                     |             |               |
|            | (State or countr                     | y under the law of which it is inc   | corporated)                    |                   | (FEI number, if a     | applicable)         |             |               |
| 4.         | October 8, 198                       |  | 5. perp                        | etual             |                       |                     |             |               |
|            | (Da                                  | ate of incorporation)  | (D                             | uration: Year c   | orp. will cease to ex | kistor "perpetual"  | ')          |               |
| б.         |                                      | lificat <u>i</u> on  |                                | -                 |                       | <del></del>         |             |               |
|            | (Date firs                           | st transacted business in Florida.   | (SEE SECTI                     | ONS 607.1501,     | 607.1502 and 817.     | 155, F.S.)          |             | -             |
| 7.         | Willis Insuran                       | ce Services of Georgia, Inc., c/o  | Holly Gay Yo                   | ung, 26 Centur    | / Blvd, Nashville, T  | N 37214             |             |               |
|            |                                      |  |                                |                   |                       | T <sub>A</sub>      | S           |               |
|            |                                      | (Curre   | nt mailing add                 | lress)            |                       | AH                  | <b>02 居</b> | in February 1 |
| 8.         | Insurance brok                       | cerage and all matters related the   | reto.                          | -                 |                       | ASS                 | 2 C         | -             |
|            |                                      | (s) of corporation authorized in I   |                                | country to be ca  | rried out in state of | Florida)            | r           | -             |
| 9.         | Name and st                          | reet address of Florida regis  | stered agent                   | : (P.O. Box o     | r Mail Drop Box J     | NOT acceptable      |             | 7             |
|            | Name:                                | C T Corporation System   |                                | ~<br>             |                       | A)<br>RID,          | 24          | N. P          |
| Of         | ffice Address:                       | 1200 South Pine Island Road  | ·                              |                   |                       |                     |             |               |
|            |                                      | Plantation   |                                | Floric            | la, <u>33324</u>      | -                   | ÷           |               |
|            |                                      |  |                                |                   | (Zip code)            |                     |             |               |
| 10         | . Registered                         | agent's acceptance:  |                                |                   |                       |                     |             |               |
|            |                                      |  |                                |                   |                       |                     |             |               |
| thi<br>wii | s application, I<br>th the provision | ed as registered agent and to ac<br>hereby accept the appointment<br>is of all statutes relative to the pi<br>my position as registered agent. | as registered<br>roper and con | agent and agree   | e to act in this capa | icity. I further ag | ree to comp | ly            |
|            | - •                                  | C T Corporation System   | nada.                          | ν <del></del>     | MARY R. ADA           | MS                  |             |               |
|            |                                      | - WUTUK<br>Pregi   | stered agent's                 | signature)        | ASSISTANT SI          |                     |             |               |
|            |                                      | έτιο <b>ς</b> ,  |                                | / ۳               |                       |                     |             |               |

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.

| A. DIRE          | ECTORS (Street address only - P.O. Box NOT acceptal      | ble)  |                                       |
|------------------|--|---|---------------------------------------|
| Chairman         | n: Brian D. Johnson                                      |   |                                       |
| Address:         | 26 Century Blvd, Nashville, TN 37214                     |   |                                       |
| Vice Cha         | irman: Mary E. Caiazzo                                   |   | · · · · · · · · · · · · · · · · · · · |
|                  | 26 Century Blvd, Nashville, TN 37214                     |   |                                       |
| Address:         | 20 Century Divu, Ivasiivine, 11v 37214                   | - 11  |                                       |
| Director:        | Charles D. Hamilton                                      |   |                                       |
| Address:         | 26 Century Blvd, Nashville, TN 37214                     |   |                                       |
| Director         |  |   |                                       |
|                  |  |   | · · · · · · · · · · · · · · · · · · · |
| Address:         |  |   |                                       |
| B. OFF           | ICERS (Street address only - P.O. Box NOT acce           | ntable)                                       | AFC P2                                |
|                  | David I. Bahantaan                                       |   | A FE                                  |
| Address:         | Five Concourse Parkway, Ste 2600, Atlanta, GA 30328      |   | RY                                    |
|                  |  |   | TO B M                                |
| Vice Pres        | ident: Mary E. Caiazzo                                   |   |                                       |
| Address:         | 26 Century Blvd, Nashville, TN 37214                     |   | A A                                   |
| Secretary        | : Holly Gay Young  | <del> </del>                                  |                                       |
| •                | 26 Century Blvd, Nashville, TN 37214                     |   |                                       |
| Address.         | 20 Contary Divid, Massivino, 1143/214                    |   |                                       |
| Treasurer        | : C. William Mooney                                      |   |                                       |
| Address:         | 26 Century Blvd, Nashville, TN 37214                     |   |                                       |
|                  |  |   |                                       |
| NOTE:            | ff necessary, you may awach an addendum to the applicati |   |                                       |
|                  | V [] -( )  | fficer listed in number 12 of the application | ation)                                |
| 14. <u>Holly</u> | y Gay Young, Secretary  (Typed or printed name and cap   | acity of person signing application)          |                                       |

**Secretary of State** 

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : J700520
DATE INC/AUTH/FILED: 10/08/1986
JURISDICTION : GEORGIA
PRINT DATE : 11/12/2002
FORM NUMBER : 211

CT CORPORATION SYSTEM
MARY ADAMS
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

VILLIS INSURANCE SERVICES OF GEORGIA, INC.

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 on to the legs existence of the above-named entity as of the print dane 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 Teleprof 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.

20021112174116799



Cathy Cox Secretary of State