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Florida Department of State  
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**FOREIGN PROFIT QUALIFICATION**

Alfa Vision Insurance Corporation

Certificate of Status	0
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Page Count	06
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**F04-5350**  
*[Signature]*

**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. Alfa Vision Insurance Corporation

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ins.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Alabama

(State or country under the law of which it is incorporated)

3. 20-1319603

(FEI number, if applicable)

4. 7/1/2004

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 1/1/2005

(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. 2108 East South Boulevard, Montgomery, Alabama 36116-2015

(Principal office address)

P. O. Box 11000, Montgomery, Alabama 36191-0001

(Current mailing address)

8. Property and casualty insurance

(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation  
(City)

, Florida 33324  
(Zip code)

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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.*

CT Corporation System

By:

*Ann Marie Brown Special Agent Secretary*

(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.

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

**A. DIRECTORS**

Chairman: See attached.

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: See attached.

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. *[Signature]*  
(Signature of Director or Officer listed in number 12 of the application)

14. Sr. Vice President, General Counsel and Secretary  
(Typed or printed name and capacity of person signing application)

ATTACHMENT TO  
APPLICATION BY FOREIGN CORPORATION FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA  
FOR  
ALFA VISION INSURANCE CORPORATION

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

A. DIRECTORS

Chairman: Jerry Allen Newby  
 Address: c/o Alfa Vision Insurance Corporation  
 2108 East South Boulevard  
 Montgomery, Alabama 36116-2015

Director: Clyde Lee Ellis  
 Address: c/o Alfa Vision Insurance Corporation  
 2108 East South Boulevard  
 Montgomery, Alabama 36116-2015

Director: Herman Al Scott  
 Address: c/o Alfa Vision Insurance Corporation  
 2108 East South Boulevard  
 Montgomery, Alabama 36116-2015

Director: Stephen Goddard Rutledge  
 Address: c/o Alfa Vision Insurance Corporation  
 2108 East South Boulevard  
 Montgomery, Alabama 36116-2015

B. OFFICERS

President: Jerry Allen Newby  
 Address: c/o Alfa Vision Insurance Corporation  
 2108 East South Boulevard  
 Montgomery, Alabama 36116-2015

Executive Vice President  
 and Treasurer: Clyde Lee Ellis  
 Address: c/o Alfa Vision Insurance Corporation  
 2108 East South Boulevard  
 Montgomery, Alabama 36116-2015

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TALLAHASSEE, FLORIDA

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Senior Vice President,  
General Counsel and  
Secretary:

Herman Al Scott

Address:

c/o Alfa Vision Insurance Corporation  
2108 East South Boulevard  
Montgomery, Alabama 36116-2015

Senior Vice President,  
Chief Financial Officer  
and Chief Investment  
Officer:

Stephen Goddard Rutledge

Address:

c/o Alfa Vision Insurance Corporation  
2108 East South Boulevard  
Montgomery, Alabama 36116-2015

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

Nancy L. Worley  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

I, Nancy L. Worley, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that the domestic corporation records on file in this office disclose that Alfa Vision Insurance Corporation incorporated in Montgomery County, Montgomery, Alabama on July 1, 2004. I further certify that the records do not disclose that said Alfa Vision Insurance Corporation has been dissolved.

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

July 14, 2004

Date



*Nancy L. Worley*  
Nancy L. Worley

Secretary of State