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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations	
SUBJ	CCT: TRMK Risk Management, Inc.	
	(Name of corporation - must include suffix)	_
Dear S	r or Madam:	
"Certif	losed "Application by Foreign Corporation for Authorization to Transact Business in Florida," cate of Existence," and check are submitted to register the above referenced foreign corporation to business in Florida.)
Please	eturn all correspondence concerning this matter to the following:	
	David W. Martin	
	(Name of Person)	-
	TRMK Risk Management, Inc.	_
	(Firm/Company)	_
	1701 Lakeland Drive,	
	(Address) Jackson, MS 39216	
	(City/State and Zip code) (City/State and Zip code)	1
For fur	her information concerning this matter, please call:	图1:42
Pam	Bowman or David Martin at (601) 208-8605	
	(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	
Enclos	d is a check for the following amount:	
□ \$70	00 Filing Fee \$\square\$ \$78.75 Filing Fee & \$\square\$ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy	s &

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.

Mississip	of.	_	20-178015	ourpose of transacting b	
(State or country u	oi nder the law of which it is incorporated	3.)		(FEI number, if applica	ble)
. <u>October</u>	•		Perpetu (Duration: Yea	alal ar corp. will cease to exi	ist or "perpetual")
Upon Qua	lification				
	(Date first transacted busin (SEE SECTIONS 607.1501 & 6				
. <u>1701 Lake</u> .	land Drive, Jackson, MS 3			<u> </u>	
	(Principal office	e addr	ess)		
1701 Lake	Land Drive, Jackson, MS 3				
	(Current mailing	g addr	ress)		
. Insuran	ce Sales of corporation authorized in home state	OF CO	untry to be carrie	ed out in state of Florids	OL NOV 17 1111: 42 SECULATIONS SEE, FLORIDA
					意 三
. Name and street	address of Florida registered agent:	(P.O	. Box <u>NOT</u> ace	ceptable)	SEE C
Name:	John D. Sumrall				三 三
Office Address:	4460 Legendary DRive, S	uite	350		
	Destin		, Florida _	32541	
	(City)			(Zip code)	

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.

(Registered agent's signature)

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

A. DIRE	CTORS	•				
Chairman:	Duane Dewey	·•	- Tradition			
Address: _	1701 Lakeland Drive, Jackson, MS 39216	5				
				. ,		
Vice Chair	man: Doug Ralston		79			
	1701 Lakeland Drive			<u> </u>		
_	Jackson, MS 39216		<u>-</u>			
Director: _	Thomas Howard	· · · <u> · · · · · · · · · · · · · · ·</u>	* <u></u>	<u>.</u>		
Address: _	P.O. Box 291			-	-	
_	Jackson, MS 39205	<u>- ,</u>				
Director: _	Jon Anderson					
Address: _	P.O. Box 291					
	Jackson, MS 39205			<u>. </u>		
B. OFFIC	CERS					
President:	David W. Martin			·		
Address: _	1701 Lakeland Drive					
	Jackson, MS 39216	<u> </u>		<u></u>		
Vice Presid	ent: Mike Zito	<u> </u>		<u> </u>		
Address: _	1701 Lakeland Drive	<u></u>		<u> 50</u>	<u> </u>	
_	Jackson, MS 39216			20 E	7	
Secretary:	Harris Collier, III	· · · · · · · · · · · · · · · · · · ·				c
Address: _	P.O. Box 291 , Jackson, MS 39205	<u></u>			=	
Treasurer:	Zach Wasson		<u>- ~</u>	<u>≯</u>	ر، ———	
Address: _	P.O. Box 291, Jackson, MS 39216		 			
NOTE: 11	f necessary, you may attach an addendum to the applicant (Signature of Director or Officer listed in no	•		or directors	·	
V		umber 12 of the ap	plication) –			
14	DAVID MARTIN		. 7.			

(Typed or printed name and capacity of person signing application)

TRMK Risk Management, Inc. Addendum to Application for Florida Directors

Directors:

Zach Wasson

P.O. Box 291, Jackson, MS 39205

Harris Collier

P.O. Box 291, Jackson, MS 39205

Signature of Officer

David W. Martin

FILEU

State of Mississippi

Office of the Secretary of State Eric Clark, Secretary of State Jackson, Mississippi

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on October 11, 2004, the State of Mississippi issued a Charter/Certificate of Authority to:

TRMK RISK MANAGEMENT, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is 99 years.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

S PERMISSION OF THE PERMISSION

Given under my hand and seal of office November 2, 2004

Tric Clark

ERIC CLARK Secretary of State

Certification Number: 6740252-1 Page 1 of 1 Reference: Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify