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FOREIGN PROFIT QUALIFICATION

Kiely Hines & Associates Insurance Agency, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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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. Kiely Hines & Associates Insurance Agency, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Kentucky 3. 61-0947056
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 11/27/1978 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 215 Breckinridge LN. P.O. Box 7669 Louisville, KY 40257-0669
(Principal office address)
215 Breckinridge Lane Louisville, KY 40207
(Current mailing address)

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8. 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 NOT acceptable)

Name: CT Corporation System
Office Address: 1200 South Pine Island Road
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.

By: [Signature] CT Corporation System
(Registered agent's signature) TARA D. GORIN
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.

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

A. DIRECTORS

Chairman: Donald I. Renau

Address: 215 Breckinridge Lane, Louisville KY 40207

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: Ellen K. Trabue

Address: 215 Breckinridge Lane, Louisville KY 40207

Vice President: SEE ATTACHED

Address: _____

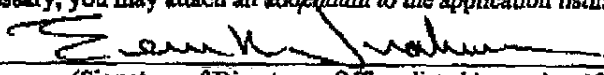
Secretary: SEE ATTACHED

Address: _____

Treasurer: SEE ATTACHED

Address: _____

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Ellen K. Trabue, President & CEO

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

**KIELY HINES & ASSOCIATES INSURANCE AGENCY INC.
LISTING OF DIRECTORS AND OFFICERS**

<u>NAME</u>	<u>OFFICE/TITLE</u>	<u>MAILING ADDRESS</u>
Ellen K. Trabue	President & CEO	215 Breckenridge Lane, Louisville KY 40207
James A. Bohn	Exec. Vice President & COO	215 Breckenridge Lane, Louisville KY 40207
James E. Brown	Exec. Vice President Of Sales	215 Breckenridge Lane, Louisville KY 40207
Donald I. Renau	Chairman	215 Breckenridge Lane, Louisville KY 40207
Teresa R. Leong	Vice President, Secretary, Treasurer	215 Breckenridge Lane, Louisville KY 40207

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**Trey Grayson
Secretary of State**

Certificate of Existence

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

KIELY, HINES & ASSOCIATES INSURANCE AGENCY, INC

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is November 27, 1978 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 8th day of April, 2005.



Trey

Trey Grayson
Secretary of State
Commonwealth of Kentucky
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