

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. Regions Insurance Services, Inc.

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

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

2. Tennessee

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

3. 20-2654734

(FEI number, if applicable)

4. 04/04/2005

(Date of incorporation)

5. Perpetual

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

6. Upon Qualification

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

7. 7130 Goodlett Farms Parkway, AZE, Cordova, TN 38016

(Principal office address)

same

(Current mailing address)

8. See Attachment

(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

(City)

, Florida, 33324

(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.

CT Corporation System

M. S. Green
M. S. Green, 4551 Sec 4
(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:

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TALLAHASSEE
FLORIDA

APR-25-2005 10:38

CT CORP CLAYTON TEAM 2

314 863 1578 P.03/05

A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____
_____**B. OFFICERS SEE ATTACHMENT**President: William A. Harper, Jr.Address: 7130 Goodlett Farms Parkway, A2ECordova, TN 38016

Vice President: _____

Address: _____
_____Secretary: Joel R. StylesAddress: 1500 Riverfront Drive Little Rock, AR 72202Treasurer: John BennettAddress: 6200 Poplar Avenue, 4th Floor Memphis, TN 38119

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

13. Joel R. Styles

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

14. Joel R. Styles, Secretary

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

Attachment to Florida

Purpose Clause

To furnish all types of insurance services to the public, including, but not limited to, acting as an agent for one or more title insurance companies.

Officers & Directors

-
- | | | |
|----|-------------------|--|
| 1. | Full Name: | William A. Harper, Jr. |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | President & CEO |
| | Business Address: | 7130 Goodlett Farms Parkway, A2E |
| | City: | Cordova |
| | State: | TN |
| | ZIP Code: | 38016 |
| 2. | Full Name: | John Bennett |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | Treasurer |
| | Business Address: | 6200 Poplar Avenue, 4th Floor |
| | City: | Memphis |
| | State: | TN |
| | ZIP Code: | 38119 |
| 3. | Full Name: | Joel R. Styles |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | Secretary & General Counsel |
| | Business Address: | 1500 Riverfront Drive |
| | City: | Little Rock |
| | State: | AR |
| | ZIP Code: | 72202 |
| 4. | Full Name: | Gail Boland |
| | Officer/Director: | Officer |
| | Officer's Title: | Assistant Secretary & Administrative Officer |
| | Business Address: | 7130 Goodlett Farms Parkway, A2E |
| | City: | Cordova |
| | State: | TN |
| | ZIP Code: | 38016 |
| 5. | Full Name: | David L. Bowlin |
| | Officer/Director: | Director |
| | Officer's Title: | |
| | Business Address: | 6200 Poplar Avenue, 4th Floor |
| | City: | Memphis |
| | State: | TN |
| | ZIP Code: | 38119 |

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TALLAHASSEE, FLORIDA

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Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 04/20/2005
REQUEST NUMBER: 08110137
TELEPHONE CONTACT: (615) 741-6488
CHARTER/QUALIFICATION DATE: 04/04/2005
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0490978
JURISDICTION: TENNESSEE

TO:
CFS
8161 HIGHWAY 100
#172
NASHVILLE, TN 37221

REQUESTED BY:
CFS
8161 HIGHWAY 100
#172
NASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT
"REGIONS INSURANCE SERVICES, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 04/20/05

FROM:
CFS
8161 HIGHWAY 100
#172
NASHVILLE, TN 37221-0000

RECEIVED: FEES \$360.00 \$0.00
TOTAL PAYMENT RECEIVED: \$360.00

RECEIPT NUMBER: 00003709379
ACCOUNT NUMBER: 00101230



Riley C. Darnell

RILEY C. DARNELL

TOTAL P.05