

Division of Corporations

Page 1 of 1

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**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000172450 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION**AssuranceAmerica Corporation**

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

RE-SUBMIT

Electronic Filing Menu

Corporate Filing Menu

Help

Please retain original filing
date of submission 8/2

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DIVISION OF CORPORATIONS
13 AUG - 2 AM 10:59

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13 AUG - 6 AM 10:38

8/7

850-617-6381

8/5/2013 12:12:05 PM PAGE 1/001 Fax Server



August 5, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: ASSURANCE AMERICA CORPORATION
REF: W13000043550

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The conflict is 807215 (Assurance Company of America).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Diane Cushing
Regulatory Specialist II Supervisor

FAX Aud. #: H13000172450
Letter Number: 013A00018704

RE-SUBMIT

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13 AUG - 3 AM 10:59
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AssuranceAmerica Corporation

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Katina Johnson

Name of Person

AssuranceAmerica Corporation

Firm/Company

5500 Interstate North Pkwy Suite 600

Address

Atlanta, GA 30328

City/State and Zip code

mhaln@aainsco.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katina Johnson

Name of Person

at **(770) 952-0200**

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2561 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

13 AUG - 2 AM 10:59
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**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. AssuranceAmerica Corporation

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

AssuranceAmerica Corporation of Hillsborough

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

2. Nevada

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

3. 87-0281240

(FEI number, if applicable)

4. 04/07/1986

(Date of incorporation)

5. Perpetual

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

6. 08/05/2013

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

7. 5500 Interstate North Parkway Suite 600 Atlanta, GA 30328

(Principal office address)

Same as above

(Current mailing address)

8. Auto 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 S. 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.

Michael Scraphin

Michael Scraphin Asst. 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.

13 AUG - 2 AM 10:59

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

A. DIRECTORS

Chairman: Guy Millner

Address: 5500 Interstate N. Pkwy Suite 600
Atlanta, GA 30328

Vice Chairman: _____

Address: _____

Director: Sam Zamarripa

Address: 5500 Interstate N. Pkwy Suite 600
Atlanta, GA 30328

Director: Don Ratajczak

Address: 5500 Interstate N. Pkwy Suite 600
Atlanta, GA 30328

B. OFFICERS

President: Guy Millner

Address: 5500 Interstate N Pkwy Suite 600
Atlanta, GA 30328

Vice President: _____

Address: _____

Secretary: Mark Hain

Address: 5500 Interstate N. Pkwy Suite 600 Atlanta, GA 30328

Treasurer: Daniel Scruggs

Address: 5500 Interstate N. Pkwy Suite 600 Atlanta, GA 30328

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

13.  , EVP

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Mark H. Hain, Executive Vice President, General Counsel, Secretary

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

SECRETARY OF STATE



**CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING**

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ASSURANCEAMERICA CORPORATION**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 7, 1986, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 30, 2013.



[Signature]
ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20130730-2100
You may verify this electronic certificate
online at <http://www.nvsos.gov/>

13 AUG -2 AM ID: 59
DIVISION OF STATE
SECRETARY OF STATE