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COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: American Mining	Insurance Company			
Name of corporation - must include suffix				
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact businesses."	anding" and check are submitted to register the			
Please return all correspondence concerning this mat	ter to the following:			
Donna Burns				
Name o	of Person			
Donna Burns Insurance Consultant				
Firm/Company				
P. O. Box 397				
	dress			
Fayetteville, Texas 789	40			
	and Zip code			
rcourington@america	•			
For further information concerning this matter, please	d for future annual report notification) e call:			
Donna Burns _{at (} 979	、249-5754			
Name of Person Are	249-5754 a Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 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 & ☐ \$87.50 Filing Fee, Certified Copy ☐ Certificate of Status & Certified Copy			

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.

(Enter name of c	ican Mining Insurance Co	`	
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")		
			<u> </u>
	able in Florida, enter alternate corporate name		ess in Florida)
lowa	3	63-0866690	
•	under the law of which it is incorporated)	(FEI number, if applicable)	
02/07/	1984 _{5.}	Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist of	or "perpetual")
N	/A		
		in Florida, if prior to registration)	······································
2400	·	1502, F.S., to determine penalty liability)	
3490	Independence Drive, Birm		
D ()	(Principal office add	•	
P. U. I	Box 660847, Birmingham, A		
	(Current mailing ad-	uress)	:
Insuran	ce Company		· 4 · 4
(Purpose(s	s) of corporation authorized in home state or c	country to be carried out in state of Florida)	5 J
Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	SEP
Name:	C. T. Corporation Syste	m	· 经 经
	1200 South Pine Island	Rd.	
ffice Address:			و ا
	Plantation	, Florida 33324	2 S
	(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.

Jenifer Vincent

Vice President & Assistant 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: Chandler Fletcher Cox, Jr.	·
Address: 3490 Independence Drive	
Birmingham, AL 35209	
/ice Chairman:	
Address:	
Director: Eugene George Ballard	
Address: 3490 Independence Drive	
Birmingham, AL 35209	
Director:Ira Seth Lederman	
Address: 3490 Independence Drive	
Birmingham, AL 35209	
B. OFFICERS	i de la companya de
President: Chandler Fletcher Cox, Jr.	6
Address: 3490 Independence Drive	3051
Birmingham, AL 35209	
/ice President: Dominick Giovannelli	
3490 Independence Drive	EN CHI
Birmingham, AL 35209	
Rosemary Cannova Courington	
3490 Independence Drive, Birmingham, AL 35209	
reasurer: Rosemary Cannova Courington	
3490 Independence Drive, Birmingham, AL 35209	
NOTE If necessary, you may attach an addendum to the application listing additional officers and the application listing additional officers and the application listing additional officers are application listing additional officers and application listing additional officers are also as a second contract of the application listing additional officers are also as a second contract of the application listing additional officers are also as a second contract of the application listing additional officers are also as a second contract of the application listing additional officers are also as a second contract of the application listing additional officers are also as a second contract of the application listing additional officers are also as a second contract of the application listing additional officers are also as a second contract of the application listing additional officers are also as a second contract of the application listing additional officers are also as a second contract of the application and the application are also as a second contract of the application and also are also as a second contract of the application and also as a second contract of the application are also as a second contract of the application are also as a second contract of the application are also as a second contract of the application are also as a second contract of the application are also as a second contract of the application are also as a second contract of the application are also as a second contract of the application are also as a second contract of the application are also as a second contract of the application are also as a second contract of the application are also as a second contract of the application are also as a second contract of the application are also as a second contract of the application are also as a second contract of the application are also as a second contract of the application are also as a second contract of the application are also as a second contract of the application are also as a seco	and/or directors.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that are true and that he or she is aware that false information submitted in a document to the Department of the Depart	
4. Rosemary Cannova Courington, Secretary	
(Typed or printed name and capacity of person signing application)	

IOWA SECRETARY OF STATE PAUL D. PATE



CERTIFICATE OF EXISTENCE

Date: 9/11/2015

Name: AMERICAN MINING INSURANCE COMPANY (490 DP - 468935)

Date of Incorporation: 12/10/2013

Duration: PERPETUAL

- I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:
 - a. The entity is in existence and duly incorporated under the laws of Iowa.
 - b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
 - c. The most recent biennial report required has been filed with the Secretary of State.
 - d. Articles of dissolution have not been filed.

Certificate ID: CS112309

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State