

PRODUCERS
MARKETING
GROUP, INC.

A Managing General Agency for Life Insurance, Disability Income and Annuity Producers

Mark D. Wall
Brokerage Manager

000002510450--6
-05/05/98--01026--001
****185.00 ****35.00

4/30/98

Please see application and Amendment
info attached.

Thank you

Accepted tax application since
wrong form sent and customer used
KLC 5/28

FILED
98 MAY 27 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NC
KLC 5/28

Post Office Box 13928 • Jackson, Mississippi 39236 • 601 362 9546
Toll Free 800 873 5754 • Facsimile 601 362 8587

PRODUCERS
MARKETING
GROUP, INC.

A Managing General Agency for Life Insurance, Disability Income and Annuity Producers

Mark D. Wall
Brokerage Manager

Date: 5/19/98

To: Karen Gibson
Corporate Specialist
Florida Department of State

From: Janice Tyler, Producers Marketing Group, P. A.

Subject: Letter # 298A00025978, Annual report for file # F93000004040.

Dear Ms. Gibson,

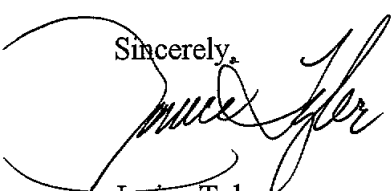
Per your letter of May 11, 1998, I am enclosing an original certificate from the office of the Mississippi Secretary of State, evidencing the name change for Achates Insurance to Producers Marketing Group, P. A.

I am also enclosing a copy of the check I sent you on April 30, 1998 in the amount of \$185.00. You stated in your letter that you had received a check for \$35.00. Please check your file and correct this error.

This is the third time we have submitted the information to renew our license in the State of Florida. I sincerely hope the information enclosed will conclude the application for 1998 and we can continue to do business in Florida.

Thank you for your prompt attention to this matter. If you have any questions, I can be reached at 1-800-888-1749.

Sincerely,


Janice Tyler
Office Manager

Post Office Box 13928 • Jackson, Mississippi 39236 • 601 362 9546
Toll Free 800 873 5754 • Facsimile 601 362 8587

Bla-8610



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

May 11, 1998

PRODUCERS MARKETING GROUP, INC.
PO BOX 13928
JACKSON, MS 39236

SUBJECT: ACHATES INSURANCE, P.A.
Ref. Number: F93000004040

We have received your document for ACHATES INSURANCE, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An original, duly authenticated certificate from the state of incorporation/organization evidencing the amendment, must be submitted with the application. The certificate must have been issued within the past 90 days.

THE CERTIFICATION EVIDENCING THE NAME CHANGE MUST BE ORIGINAL.

THE ANNUAL REPORT FILING REQUIRES A FILING FEE OF \$150.00.

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) 487-6880.

Karen Gibson
Corporate Specialist

Letter Number: 298A00025978

Check # 1653
\$185.00

\$150.00
\$35.00
\$185.00

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

FILED
98 MAY 27 AM 11:11
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

1. ACHATES INSURANCE, P.A.
Name of corporation as it appears on the records of the Department of State.
2. MISSISSIPPI 3. SAME
Incorporated under laws of Date authorized to do business in Florida

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? FILED MAY 15, 1997
5. THE PRODUCERS MARKETING GROUP, P. A.
Name of corporation after the amendment, adding suffix "corporation" "company" or "incorporated," or appropriate abbreviation, if it contained in new name of the corporation.
6. If the amendment changes the period of duration, indicate new period of duration.
N/A
New Duration
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
N/A
New Jurisdiction


Signature

T. MARK PACE

Typed or printed name

MAY 28, 1998

Date

PRESIDENT

Title



DEPARTMENT OF INSURANCE

Post Office Box 79
Jackson, MS 39205-0079

This is to certify that

THE PRODUCERS MARKETING GROUP, P.A.
POST OFFICE BOX 13928
JACKSON, MS 39236-3928

9301865

IS/WAS LICENSED AND QUALIFIED TO TRANSACT THE FOLLOWING LINES OF INSURANCE:

LICENSE TYPE	LICENSE EXPIRATION
LIFE/AH CORPORATION	12/31/1998

Qualified by:
HAVING NO EXAMINATION REQUIRED



GIVEN UNDER MY HAND AND SEAL ON

04/22/98

COMMISSIONER OF INSURANCE

0012-1-3

The undersigned persons, pursuant to Section 79-4-10.06 (if a profit corporation) or Section 79-11-305 (if a nonprofit corporation) of the Mississippi Code of 1972, hereby execute the following document and set forth:

1. Type of Corporation

⇒ ☒ Profit ☐ Nonprofit

2. Name of Corporation

⇒ ACHATES INSURANCE, P.A.

3. The future effective date is
....(Complete if applicable)

April 04, 1997

4. Set forth the text of each amendment adopted.

5. If an amendment for a business corporation provides for an exchange, reclassification, cancellation of issued shares, set forth the provisions for implementing the amendment if they are not contained in the amendment itself. (Attach page)

6. The amendment(s) was (were) adopted on

⇒ APRIL 4, 1997 Date(s)

FOR PROFIT CORPORATION (Check the appropriate box)

⇒ Adopted by ☐ the incorporators ☒ directors without shareholder action and shareholder action was not required.

FOR NONPROFIT CORPORATION (Check the appropriate box)

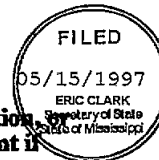
⇒ Adopted by ☐ the incorporators ☐ board of directors without member action and member action was not required.

FOR PROFIT CORPORATION

7. If the amendment was approved by shareholders

(a) The designation, number of outstanding shares, number of votes entitled to be cast by each voting group entitled to vote separately on the amendment, and the number of votes of each voting group indisputably represented at the meeting were

Designation	No. of outstanding shares	No. of votes entitled to be cast	No. of votes indisputably represented
⇒ CLASS 'A' COMMON	5,000	5,000	5,000



⇒				
---	--	--	--	--

(b) EITHER

(i) the total number of votes cast for and against the amendment by each voting group entitled to vote separately on the amendment was

Voting group	Total no. of votes cast FOR	Total no. of votes cast AGAINST
⇒ CLASS 'A' COMMON	5,000	
⇒		

OR

(ii) the total number of undisputed votes cast for the amendment by each voting group was

Voting group	Total no. of undisputed votes cast FOR the plan
⇒	
⇒	

and the number of votes cast for the amendment by each voting group was sufficient for approval by that voting group.

FOR NONPROFIT CORPORATION

8. If the amendment was approved by the members

(a) The designation, number of memberships outstanding, number of votes entitled to be cast by each class entitled to vote separately on the amendment, and the number of votes of each class indisputably represented at the meeting were

Designation	No. of memberships outstanding	No. of votes entitled to be cast	No. of votes indisputably represented
⇒			
⇒			

0012-3-3**(b) EITHER****(i) the total number of votes cast for and against the amendment by each class entitled to vote separately on the amendment was**

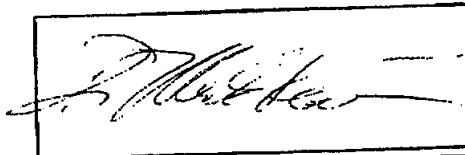
Voting class	Total no. of votes cast FOR	Total no. of votes cast AGAINST
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

OR**(ii) the total number of undisputed votes cast for the amendment by each class was**

Voting class	Total no. of undisputed votes cast FOR the amendment
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

and the number of votes cast for the amendment by each voting group was sufficient for approval by that voting group.

By: Signature



(Please keep writing within blocks)

Printed Name

T. MARK PACE

Title

PRESIDENT

EXHIBIT "A"
TO
ARTICLES OF AMENDMENT
OF
ACHATES INSURANCE, P. A.

ARTICLE FIRST of the Articles of Incorporation, as amended, is hereby amended to read as follows:

FIRST: The name of the corporation is: The
Producers Marketing Group, P.A.

ARTICLE 5 of the Articles of Incorporation, as amended, is hereby amended as to read as follows:

The sole and specific purpose of the professional corporation is to engage in the business of insurance brokerage, to transact any and all business permitted by law incidental to the brokerage of insurance, and to engage in and perform any lawful act or activity for which a professional corporation may be organized under the Mississippi Professional Corporation Law.

STATE OF MISSISSIPPI

I hereby certify that this is a true
and complete copy of the 5 page
document on file in this office.

DATED 5/15/ 19 98

Eric Clark

BY: Greg M. Gentry

This Certification Stamp Replaces Our
Previous Certification System.