TO: QUALIFICATION/REGISTRATION SECTION DIVISION OF CORPORATIONS

800001609358 -10/12/95--01080--008 ****122.50 ****122.50

SUBJECT: Carolina Commercial Insurance Agency, Inc.
(NAME OF CORPORATION)

Dear Sir or Madam:

The enclosed APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA, certificate of existence, and check are being submitted to qualify the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

| Deana_Smith |
|----------------------------------|
| (Name of Person) |
| Risk & Insurance Brokerage Corp. |
| (Firm/Company) |
| P.O. Box 2368 |
| (Address) |
| Lake Wales, F1 33859-2368 |
| (City, State and Zip Code) |

Should you need to call someone concerning this matter, please call

Deana Smith at (800) 989 - 7515 ext.20

(Name of Person) Area Code & Telephone Number

SECRETARY OF STATE DIVISION 12 - AN 8: 29

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COURIER ADDRESS:

Qualification/Registration Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Registration Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUB-MITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| ۲. | Carolina Commercia | 1 Insurance Agency | Inc. | |
|------|--|---|---|--------------------------|
| PC | (Name of corporation m | ust include the word "IN | ICORPORATED," "CON | PANY," or "COR- |
| | יייייי Or words or al | opreviations of like imn | Artin lannuaga, as will a | sinnella indiana at a la |
| Dre | a corporation instead of esent.) | a natural person or par | thership if not so conta | ined in the name at |
| • | | | | |
| 2. | | Delaware | | |
| | (State or count | ry under the law of whi | ch it is incorporated) | |
| 3. | 05/24/93 (Date of Incorporation) | 4. Perpetu | , , , , , , , , , , , , , , , , , , , | |
| | (Date of Incorporation) | (Duration-Yes | r Corp. will cease to ex | rist or "perpetual") |
| 5. | 56-182466 | 6 | | er or perpetual y |
| • | (Federal | Employer Identification | number if applicable) | |
| 6 | 09-15-95 | | ······································ | |
| (Da | ate first transacted busin | ess in Florida See see | Vione CO7 4504 CO7 45 | 00 000 040 400 |
| • | | 555 III I IONAA. G66 36(| , 100 1, 607. 13 | uz, and 817.155, FS) |
| 7. | P.O. Box 2368, Lak | o Wales, F1 33950_ | 2260 |)5 OCT |
| | 7 100 | (Current mailing add | iress) | |
| | | (a a control of the | | 12 |
| 9. | Name and Street add | ress of Florida registe | red agent: | A |
| | | | | |
| | Office Address: | 244 E. Park Ave. | | 8: 29 |
| | | | | |
| | - | I.ake wa leg | ,Florida | Zip Code |
| | | | | Zip Coda |
| 9. | Registered agent's ac | ceptance: | | |
| | Having been named | as registered agent an | d to accept service of p | |
| stat | ed corporation at the pla | 300 designated in this s | u to accept service of p innlication. I hereby acc | rocess for the above |
| 45 | vyistereu adent and adr | ee to act in this cabaci | N. I friiffhar anraa to co | mnhe with the |
| טוע | vibiui is of all statutes rela | des redoid ent ot evite | complete performance | of my distance and I |
| 3111 | familiar with and accept | the obligations of my | osition as registered ag | jent. |
| | | mt. | 1 D.M | |
| | | | | |
| | Registered agent's si | gnature:// | · Satt | |
| | Registered agent's si Attached is a certificate | Michael | R. Butler | |

10. 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.

Michael R. Butler, Secretary

(Type or print name and capacity of person signing application)

STATE OF NORTH CAROLINA

Department of The Secretary of State

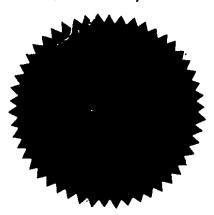
CERTIFICATE OF AUTHORIZATION

I, RUFUS L. EDMISTEN, Secretary of State of the State of North Carolina, do hereby certify that

CAROLINA COMMERCIAL INSURANCE AGENCY, INC.

a corporation organized under the laws of Delaware was authorized to transact business in the State of North Carolina by issuance of a Certificate of Authority on the 23rd day of June, 1993.

I FURTHER certify that the said corporation's certificater of authority is not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation's certificate of authority has not been revoked for failure to comply with the provision of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has not yet been delivered to the Secretary of State; and that a certificate of withdrawal has not been issued in the name of the said corporation as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 20th day of September, 1995.

Refus 1. Elmiten

Secretary of State