10a310 Document Number Only 800002497398--6 -04/23/98--01021--001 CT Corporation System *****70.00 *****70.00 Requestor's Name 660 East Tefferson Street 800002497398--- 6 -04/23/38--01021--002 Address Tallahassee, FL 32310 222-1092 ***1150.00 ***1150.00 Phone Zip State City CORPORATION(S) NAME 8 outh Trust Insurance **Profit** () Merger () Amendment) NonProfit () Limited Liability Company () Dissolution/Withdrawal (2) Foreign () Other () Annual Report () Change of R.A. () Limited Partnership ()Name Registration ()UCC-1 Financing Statement() UCC-3 Filing () Reinstatement ()Fictitious Name () CUS () Photo Copies () Certified Copy) After 4:30 XX) Call if Problem () Call When Ready ⊗ Pick Up () Will Wait (x) Walk In () Mail Out APR 22 PM 3: 33 111 Name Please Return Extra Copies Availability File Stamped. Thank You!! Document Examiner [11 Updater Verifier Acknowledgment W.P. Verifier

CR2E031 (1-89)

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:

or partnership if not so contained in the name at present.)	stead of a natural person
3	63-1122063 El number, if applicable)
(State or country under the law of which it is incorporated) (Fig. 4)	El number, if applicable)
4. June 17, 1994 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease	e to exist or "perpetual")
6. 10/97 (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.	DIVISION OF CO. 98 APR 22
7. 3500 Main Street, Adamsville, Alabama 35005	FILE VOF COR ? 22 A
(Current mailing address)	AM 8:41
 insurance agency (Purpose(s) of corporation authorized in home state or country to be carried out in the Florida) 	state of
9. Name and street address of Florida registered agent:	
Name: C T Corporation System	
c/o C T Corporation System, 1200 South Pine Office Address: Island Road	

further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,

C T Corporation System

Mary R. Adams, Assistant Secretary

(Registered agent's signature) (Officer)

(Type Name and Title of Officer)

and I am familiar with and accept the obligation of my position as registered agent.

(FL - 2189 - 11/16/94)

- 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 addresses of officers and/or directors:

Ч.	DIRECTORS	
	Chairman: _{See attached list of directors}	-
	Address:	
		·
	Vice Chairman: See attached list of directors	•
	Address:	
		_
	Director: See attached list of directors	_
	Address:	
		-
	Director:	
	Address:	_
В.	OFFICERS	-
	President: See attached list of officers	=
	Address:	
	Vice President:	
	Address:	
		- ~
	Secretary:	
	Address:	
	7.001.000.	· · · · · · · · · · · · · · · · · ·

Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. John M. Whiteomb Vice Pusident (Typed or printed name and capacity of person signing application)

98 APR 22 AM 8: LI

SOUTHTRUST INSURANCE, INC.

12.A. Directors

Name Address

Don L. Hurt 3500 Main Street

Adamsville, AL 35005

Kim Kuhn 3500 Main Street

Adamsville, AL 35005

John M. Whitcomb 3500 Main Street

Adamsville, AL 35005

Mitch Hunt 3500 Main Street

Adamsville, AL 35005

Tom Coley 3500 Main Street

Adamsville, AL 35005

B. Officers

Name Office Address

Don L. Hurt President 3500 Main Street

Adamsville, AL 35005

Kim Kuhn Secy/Treas. 3500 Main Street

Adamsville, AL 35005

John M. Whitcomb Vice President 3500 Main Street

Adamsville, AL 35005

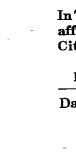
Mitch Hunt Vice President 3500 Main Street

Adamsville, AL 35005

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose SouthTrust Insurance, Inc. incorporated in Tallapoosa that County, Alexander City, Alabama on June 17, 1994. certify that the records do not disclose that said SouthTrust Insurance, Inc. has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

March 25, 1998

Date

Bennek

Jim Bennett

Secretary of State