

F03000004165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

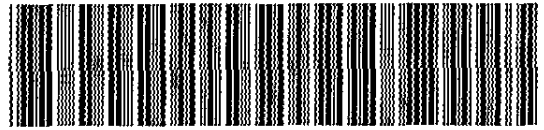
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300022072793

08/15/03--01016--004 **70.00

OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

2003 AUG 15 PM 2:14

FILED

J. BRYAN AUG 20 2003

CHARLES COYLE & COMPANY, INC.
1366 Bailey's Corner
Marietta, GA 30062-2074

Phone: (800) 211-8645 Fax: (800) 211-8647

TO: Florida - Corporations Division

Date: 8-11-2003

RE: Premier Group Insurance Company (TN)

- 1) check for \$70.00
- 2) application for authority
- 3) TN good standing certificate

FILED
2003 AUG 15 PM 2:14
CORPORATIONS
TALLAHASSEE, FLORIDA

Enclosed are documents for filing on behalf of the above.

Please return evidence (a stamped copy) by mail to me (return envelope enclosed).

If there are any problems with the filing please call.

Charles A. Coyle

**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. Premier Group Insurance Company

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Tennessee

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

3. 62-1399844

(FEI number, if applicable)

4. February 15, 1983

(Date of incorporation)

5. Perpetual

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

6. Upon qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 100 Vine Street, Suite 600, Murfreesboro, TN 37130

(Principal office address)

P. O. Box 1122, Murfreesboro, TN 37133-1122

(Current mailing address)

8. Insurance Company

(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 or Mail Drop Box **NOT** acceptable)

Name: NRAI Services, Inc.

Office Address: 526 E. Park Avenue

Tallahassee

(City)

, Florida 32301

(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.

NRAI Services, Inc.

By: Charles Coyle

Charles Coyle (Registered agent's signature) Asst. Secy.

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.

FILED
2003 AUG 15 PM 2:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: W. Andrew Adams

Address: 100 Vine Street, Suite 1400

Murfreesboro, TN 37130

Vice Chairman: Robert G. Adams

Address: 100 Vine Street, Suite 1400

Murfreesboro, TN 37130

Director: Richard F. LaRoche, Jr.

Address: 100 Vine Street, Suite 1400

Murfreesboro, TN 37130

Director: _____

Address: _____

B. OFFICERS

President: Jeffrey A. Stroop

Address: 100 Vine Street, Suite 600, Murfreesboro, TN 37130

Vice President: Donnie P. Hester

Address: 100 Vine Street, Suite 1200, Murfreesboro, TN 37130

Secretary: (Donnie Hester above is V.P. & Secretary)

Address: _____

Treasurer: Charlotte A. Swafford

Address: 100 Vine Street, Suite 1100, Murfreesboro, TN 37130

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. Jeffrey A. Stroop, President

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

FILED
2003 AUG 15 PM 2:14
TALMADGE COUNTY CLERK
MURFREESBORO, TENNESSEE

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 07/21/2003
REQUEST NUMBER: 03202129
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 02/15/1983
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0125284
JURISDICTION: TENNESSEE

TO:
PREMIER GROUP INSURANCE CO., INC.
%JEFFREY A. STROOP
P.O. BOX 1122
MURFREESBORO, TN 37133

REQUESTED BY:
PREMIER GROUP INSURANCE CO., INC.
%JEFFREY A. STROOP
P.O. BOX 1122
MURFREESBORO, TN 37133

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"PREMIER GROUP INSURANCE COMPANY"

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FILED
2003 AUG 15 PM 2:14
DIVISION OF CORPORATIONS
NASHVILLE, TENNESSEE

FOR: REQUEST FOR CERTIFICATE

ON DATE: 07/21/03

FROM:
PREMIER GROUP INSURANCE CO., INC.
PO BOX 1398
MURFREESBORO, TN 37133-0000

RECEIVED: FEES \$120.00 \$0.00
TOTAL PAYMENT RECEIVED: \$120.00

RECEIPT NUMBER: 00003332853
ACCOUNT NUMBER: 00379150



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE