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TALLAHASSEE, FLORIDA

C T CORPORATION SYSTEM /Melanie Strickland

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

500003079125-0

-12/23/99-01039-016

*****70.00 *****70.00

CORPORATION(S) NAME

Trust Insurance Agency, Inc.

- Profit
- NonProfit
- Limited Liability Company
- Foreign
- Limited Partnership
- Reinstatement
- Limited Liability Partnership
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Thanks, Melanie 😊

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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. iTrust Insurance Agency, Inc.
(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. Arizona
(State or country under the law of which it is incorporated)
3. pending
(FEI number, if applicable)
4. October 8, 1999
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. 7 West Seventh Street, Cincinnati, Ohio 45202
(Current mailing address)
8. See attached purpose clause
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:
Name: C T Corporation System
Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip Code)
10. Registered agent 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 obligation of my position as registered agent.

C T Corporation System

Susan J. Meize

(Registered agent's signature) (Officer)

Susan J. Meize
Assistant Secretary

(Type Name and Title of Officer)

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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:

A. 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: _____

B. OFFICERS

President: See attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Ellen R. Dugan
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Ellen R. Dugan, Secretary
(Typed or printed name and capacity of person signing application)

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Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Purpose Clause of
iTrust Insurance Agency, Inc.**

- 1) To transact any lawful business for which corporations may be organized; and
- 2) To act as agent or broker for life, accident, property and casualty, disability, credit life and disability and health insurance companies in soliciting, procuring, receiving, and forwarding applications for such insurance, to collect premiums thereon, to do such other business as may be designated to agents or brokers by life, accident, property and casualty, disability, credit life and disability and health insurance companies, and to conduct a general life, accident, property and casualty, disability, credit life and disability and health insurance agency and brokerage business.

ITrust Insurance Agency, Inc.
Attachment to Application

Directors:

Name	Address
Dennis J. Broderick	7 West Seventh Street Cincinnati, Ohio 45202
John R. Sims	7 West Seventh Street Cincinnati, Ohio 45202

Officers:

Name	Title	Address
James Amann	President	9111 Duke Boulevard Mason, Ohio 45040
Rob Henry	Chief Operating Officer	9111 Duke Boulevard Mason, Ohio 45040
Bill Lambert	Vice President, Chief Financial Officer and Treasurer	1345 South 52 nd Street Tempe, Arizona 85281
Dennis J. Broderick	Vice President	7 West Seventh Street Cincinnati, Ohio 45202
John R. Sims	Vice President	7 West Seventh Street Cincinnati, Ohio 45202
Neal Glueck	Vice President	7 West Seventh Street Cincinnati, Ohio 45202
Ellen R. Dugan	Secretary	7 West Seventh Street Cincinnati, Ohio 45202
Jack B. Cox	Assistant Secretary	7 West Seventh Street Cincinnati, Ohio 45202
Klaus M. Ziermaier	Assistant Secretary	7 West Seventh Street Cincinnati, Ohio 45202

STATE OF ARIZONA



Office of the
CORPORATION COMMISSION

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To all to whom these presents shall come, greeting:

I, Brian C. McNeil, Executive Secretary of the Arizona Corporation Commission, do hereby certify that

*****ITRUST INSURANCE AGENCY, INC.*****

a domestic corporation organized under the laws of the state of Arizona, did incorporate on October 8, 1999.

I further certify that this corporation has filed all affidavits and annual reports and paid all filing fees required to date and, therefore, is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capitol, this 20th day of December, 1999, A. D.



[Signature]
Executive Secretary

BY: *Lottie Hawkins*