

Filing and License Fee: \$310.00 minimum

ID Number: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

FILED

JUL 18 2007

By AMF
11-31463

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is APPALACHIAN UNDERWRITERS INC.
2. It is incorporated under the laws of TENNESSEE
3. The name, if different, which it elects to use in Rhode Island is:

(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:

(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

4. The date of its incorporation is 1-31-96 and the period of its duration is PERPETUAL

5. The address of its principal office in the state or country under the laws of which it is incorporated is

900 OAK RIDGE TURNPIKE STE A-1000 OAK RIDGE TN 37830

6. The address of its proposed registered office in Rhode Island is 155 SOUTH MAIN ST. SUITE 301

(Street Address, not P.O. Box)

PROVIDENCE

RI

02903

and the name of its proposed registered agent in Rhode Island at

(City/Town)

(Zip Code)

that address is

CT CORPORATION SYSTEM

(Name of Agent)

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

MANAGING GENERAL AGENT

8. (a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

	Name	Address
Director	<u>ROBERT J. ARONOLD</u>	<u>900 OAK RIDGE TURNPIKE STE A-1000 OAK RIDGE TN 37830</u>
Director	<u>WILLIAM M. ARONOLD</u>	<u>900 OAK RIDGE TURNPIKE STE A-1000 OAK RIDGE TN 37830</u>
Director	<u>BARRY L. LARNIGAN</u>	<u>900 OAK RIDGE TURNPIKE STE A-1000 OAK RIDGE TN 37830</u>
Director		

- (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

	Name	Address
President	ROBERT J. ARLOWOOD	800 OAK RIDGE TURNPIKE STE A-1000 OAK RIDGE TN 37830
Vice President	WILLIAM M. ARLOWOOD	800 OAK RIDGE TURNPIKE STE A-1000 OAK RIDGE TN 37830
Treasurer	GARY L. JARNIGAN	800 OAK RIDGE TURNPIKE STE A-1000 OAK RIDGE TN 37830
Secretary	GARY L. JARNIGAN	800 OAK RIDGE TURNPIKE STE A-1000 OAK RIDGE TN 37830

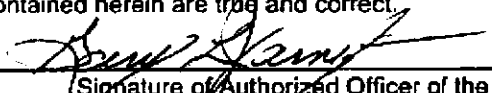
9. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value or Statement that Shares are without Par Value
1000	Common		NPV

10. (a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located, is \$ 17,012,300.
- (b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$ 0.
- (c) An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located, is 0 %. [divide (b) by (a) and multiply by 100 to obtain the percentage].
11. (a) An estimate of the gross amount of business to be transacted by the corporation during the following year is \$ 25,000,000.
- (b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is \$ 50,000.
- (c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is 2 % [divide (b) by (a) and multiply by 100 to obtain the percentage].
12. This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.
13. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 7-9-07



 Signature of Authorized Officer of the Corporation
GARY L. JARNIGAN
 Type or Print Name of Authorized Officer

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

ISSUANCE DATE: 06/25/2007
REQUEST NUMBER: 07176514
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 01/31/1996
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0306844
JURISDICTION: TENNESSEE

TO:
APPALACHIAN UNDERWRITERS, INC
%ANNE HEATH/A-1000
800 OAK RIDGE TPK
OAK RIDGE, TN 37830

REQUESTED BY:
APPALACHIAN UNDERWRITERS, INC
%ANNE HEATH/A-1000
800 OAK RIDGE TPK
OAK RIDGE, TN 37830

CERTIFICATE OF EXISTENCE

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

"APPALACHIAN UNDERWRITERS, INC."

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

FOR: REQUEST FOR CERTIFICATE

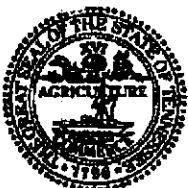
ON DATE: 06/25/07

FROM:
APPALACHIAN UNDERWRITERS, INC
PO BOX 1017

CLINTON, TN 37717-0000

	FEES	
RECEIVED:	\$800.00	\$0.00
TOTAL PAYMENT RECEIVED:	\$800.00	

RECEIPT NUMBER: 00004228190
ACCOUNT NUMBER: 00353462



SS-4453

Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

