F00000003874

(Requestor's Name)			
(Address)			
(Address)			
	ty/State/Zip/Phon	e #N	
(Cil	ιγισιαιειΖιριπποπ	υ π <i>j</i>	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	me)	
,	······································	···· ·	
(Do	ocument Number))	
Certified Copies	_ Certificate:	s of Status	
Special Instructions to Filing Officer:			
:			
		,	

Office Use Only



500282443535

02/23/16--01034--014 **43.75

2016 FEB 23 PH 12: 04
SECRETARY OF STATE
TALL AHASSEF ELEGIS.

FEB 25 2016

C. CARROTHERS



Premier Land Title Insurance Company 2728 N. Harwood, 3rd Floor Dallas, Texas 75201 P.O. Box 199000 Dallas, Texas 75219-9000 214-981.5000 office Toll free 888.372.6963 214.981.6726 fax

February 22, 2016

Amendment Section via federal express delivery Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: Notification of Redomestication from California to Texas

Dear Sir/Madam:

Enclosed please find the following documents in support of Premier Land Title Insurance Company's ("Premier") Notification of Redomestication from California to Texas. Effective December 31, 2015, Premier redomesticated from California to Texas.

- 1) Amendment to Application for Authorization to Transact Business in Florida
- 2) Fl Dept. of State Cover Letter (attached to the Amendment Application)
- 3) Certificate of Compliance in place of Certificate of Status (these two are the same document according to Texas)
- 4) Filing Fee

If you have any questions or need additional information, please do not hesitate to contact me. Thank you for your assistance.

Sincerely,

Matilda O. Jinadu

Associate Regulatory Counsel

Enclosures

COVER LETTER

Division of Corporations	
SUBJECT: PREMIER LAND TITLE INSURANCE	CE COMPANY
Name o	of Corporation
DOCUMENT NUMBER: F00000003874	
The enclosed Amendment and fee are submi	tted for filing.
Please return all correspondence concerning	this matter to the following:
MATILDA JINADU	
Name of Contact Person	
PREMIER LAND TITLE INSURANCE COMPANY	Y
Firm/Company	
2728 NORTH HARWOOD STREET, THIRD FLOO	DR
Address	
DALLAS, TEXAS 75201	
City/State and Zip Code	
E-mail address: (to be used for future annu-	al report notification)
For further information concerning this matt	er, please call:
MATILDA JINADU	at (214 981-6324 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amoun	t:
\$35.00 Filing Fee x \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address:	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee El 32314	2661 Executive Center Circle

Tallahassee, FL 32301

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F00000003874	
(Document number	of corporation (if known)
PREMIER LAND TITLE INSURANCE COMPANY	
(Name of corporation as it appears of	on the records of the Department of State)
2. CALIFORNIA	3. 07/11/2000
(Incorporated under laws of)	3. O7/11/2000 (Date authorized to do business in Florida)
SEC (4-7 COMPLETE ONLY T	THE APPLICABLE CHANGES) n, when was the change effected under the laws of E8 23 PH
4. If the amendment changes the name of the corporation	n, when was the change effected under the aws of
its jurisdiction of incorporation? NOT APPLICABLE	
5. NOT APPLICABLE	
(Name of corporation after the amendment, adding su appropriate abbreviation, if not contained in new name	iffix "corporation," "company," or "incorporated," or me of the corporation)
NOT APPLICABLE	,, ,
(If new name is unavailable in Florida, enter alternate business in Florida)	corporate name adopted for the purpose of transacting
6. If the amendment changes the period of duration, indi	icate new period of duration.
NOT APPLICABLE	
- (New	v duration)
7. If the amendment changes the jurisdiction of incorpor	ration, indicate new jurisdiction.
TEXAS	
•	jurisdiction) rt, evidencing the amendment, authenticated not more than artment of State, by the Secretary of State or other official a under the laws of which it is incorporated.
(Signature of a director, presi	dent or other officer - if in the hands
of a receiver or other court a PENNY D. JONES	ppointed fiduciary, by that fiduciary) VP, DPTY GENERAL COUNSEL
(Typed or printed name of person signing)	(Title of person signing)

Applicant Name: Premier Land Title Insurance Company	Applicant	Name:	Premier	Land	Title	Insurance	Company
--	-----------	-------	---------	------	-------	-----------	---------

NAIC No.	50026
FEIN	93-1163025

Uniform Certificate of Authority Application (UCAA) Certificate of Compliance

State of	Texas	Office of	Department of Insurance
	(Domiciliary State of Applicant)		(Commissioner, Superintendent, Officer)
I, <u>Jeff Hı</u>	(Name), hereby certi	fy that I am	the*
<u>Admissic</u>	ons Officer, of the State of <u>T</u>	exas	
	(Position)		
and have	supervision of insurance business in said State and as	s such I here	by certify that
	Premier Land Title Insu	rance Comp	any
	(Name of Ins	urer)	
of <u>Dalla</u> :	s, Texas(city/state)	is duly o	rganized under the laws of said State and
	• •		
	ized to transact the business of		
Title			
insurance	e in this State.	<u></u>	(Lines of Insurance)**
IN TEST	'IMONY WHEREOF, I have hereunto set my hand at	Austin, 1	Texas
	and the second s	1100000	(Location)
on _	February 8, 2016		
	en ital	Jeff Hur	
	(Signature)		(Printed Name)

- * Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.
- ** Lines of Insurance as shown on Form 3 of UCAA