

CT CORPORATION SYSTEM

F01000005016

CORPORATION(S) NAME

Heritage American Insurance Services, Inc.

FILED
01 SEP 25 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

RECEIVED
01 SEP 25 AM 11:13
DIVISION OF CORPORATION

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

9/25/01

Order#: 4770679
8000004610618--5
-09/25/01--01067--023
*****70.00 *****70.00

Ref#: _____

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

MS
*Please give me
a call if there
is any problem +
Thanks,
Melanie
2221092*

**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. Heritage American Insurance Services, 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. California 3. 68-0261106
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/8/91 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon filing
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 4050 Calle Real
Santa Barbara, CA 93110
(Current mailing address)

8. Full service insurance brokerage agency
(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: C T Corporation System

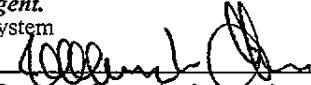
Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324
(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.

C T Corporation System


(Registered agent's signature)

Jeffrey R. Graves
Assistant Secretary

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: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____ See attached list

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: _____ See attached list

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. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____
Marjorie Nemzura Vice President
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

HERITAGE AMERICAN INSURANCE SERVICES, INC.
Directors and Officers
Federal Tax ID # 68-0261106

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TALLAHASSEE, FLORIDA

Directors

William P. Foley, II	4050 Calle Real, Santa Barbara, CA 93110
Mark O. Davey	3916 State Street #2B, Santa Barbara, CA 93105
Peter T. Sadowski	4050 Calle Real, Santa Barbara, CA 93110
Alan L. Stinson	4050 Calle Real, Santa Barbara, CA 93110
Patrick F. Stone	4050 Calle Real, Santa Barbara, CA 93110

Officers

William P. Foley, II	Chairman of the Board	4050 Calle Real, Santa Barbara, CA 93110
Mark O. Davey	Pres. & CEO	3916 State Street #2B, Santa Barbara, CA 93105
Peter T. Sadowski	Vice President & General Counsel	4050 Calle Real, Santa Barbara, CA 93110
Alan L. Stinson	Vice Pres., Treasurer & CFO	4050 Calle Real, Santa Barbara, CA 93110
Fernando Velez, Jr.	Vice President, Secretary	4050 Calle Real, Santa Barbara, CA 93110
Richard Cox	Vice Pres. & Tax Officer	4050 Calle Real, Santa Barbara, CA 93110
Marjorie Nemzura	Vice Pres. & Asst. Sec.	171 N. Clark Street, 8 th Floor, Chicago, IL 60601
Eileen W. Van Roeyen	Vice Pres. & Asst. Sec.	171 N. Clark Street, 8 th Floor, Chicago, IL 60601

8/31/01

State of California



SECRETARY OF STATE CERTIFICATE OF STATUS DOMESTIC CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the **8th day of November, 1991**, **HERITAGE AMERICAN INSURANCE SERVICES, INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this day
of September 6, 2001.



Bill Jones
BILL JONES
Secretary of State

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