

F0700000 4110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

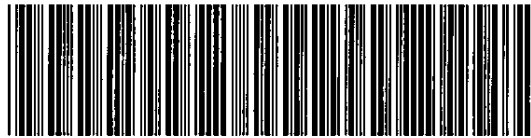
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE AUG 15 2007

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Guardian National Title Insurance Company

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

June Stracener, PLLC

(Name of Person)

Mitchell Williams Selig Gates & Woodyard, PLLC

(Firm/Company)

425 West Capitol Avenue, Suite 1800

(Address)

Little Rock, AR 72201

(City/State and Zip code)

For further information concerning this matter, please call:

June Stracener

(Name of Person)

at (501) 370-4225

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

*** PLEASE RETURN TO ME VIA FEDERAL EXPRESS.
YOU ARE WELCOME TO USE OUR FED EX ACCOUNT
0722-0362-3. THANK YOU!!!**

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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TALLAHASSEE, 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. Guardian National Title Insurance Company

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Ohio

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

3. 34-1252928

(FEI number, if applicable)

4. 4-7-78

(Date of incorporation)

5. Perpetual

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

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4920 Commerce Parkway, Suite 2, Warrensville Heights, OH 44128

(Principal office address)

4920 Commerce Parkway, Suite 2, Warrensville Heights, OH 44128

(Current mailing address)

8. Title insurer

(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 NOT acceptable)

Name: C T Corporation

Office Address: 1200 S. Pine Island Rd.

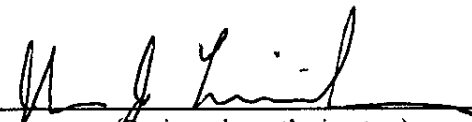
Plantation, Florida 33324

(City)

(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.


(Registered agent's signature)
John J Linnihan, Asst. VP

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 business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: Timothy M. Dwyer

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Address: One Stamford Plaza, 9th Floor, 263 Tresser Blvd.
Stamford, Connecticut 06901

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TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: See attachment for a complete list of directors and officers

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Michael F. Waiwood

Address: 4920 Commerce Parkway, Suite 2
Warrensville Heights, OH 44128

Vice President: None

Address: _____

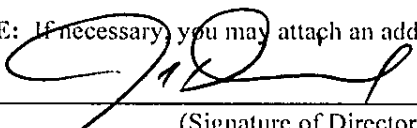
Secretary: Karen Polomsky Greenrod

Address: 4920 Commerce Parkway, Suite 2, Warrensville Heights, OH 44128

Treasurer: Karen Polomsky Greenrod

Address: 4920 Commerce Parkway, Suite 2, Warrensville Heights, OH 44128

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

13.  _____

(Signature of Director or Officer listed in number 12 of the application)

14. Michael F. Waiwood

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

GUARDIAN NATIONAL TITLE INSURANCE COMPANY

Names and addresses of officers and directors:

Office	Name	No. & Street	City	State	Zip
President	Michael F. Waiwood	4920 Commerce Pkwy Suite 2	Warrensville Heights	OH	44128
Secretary/Treasurer	Karen P. Greenrod	4920 Commerce Pkwy Suite 2	Warrensville Heights	OH	44128
Director	Timothy M. Dwyer	One Stamford Plaza 9 th Floor 263 Tresser Blvd.	Stamford	CT	06901
Director	Hanley C. Clark	1520 Virginia St. East	Charleston	WV	25311
Director	Donald P. McFadden	1370 Ontario Street Suite 1700	Cleveland	OH	44113
Director	Jeffrey W. VanGilder	914 Highland Road	Charleston	WV	25302-3013

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TALLAHASSEE, FLORIDA

Office of Financial
Regulation Services
2100 Stella Court
Columbus, OH
43215-1067
(614) 644-2658
Fax (614) 644-3256
www.ohioinsurance.gov

Ohio Department of Insurance

Ted Strickland - Governor
Mary Jo Hudson - Director

Certificate of Compliance



Issued 07/27/07
Effective 07/01/07
Expires 06/30/08

I, Mary Jo Hudson, hereby certify that I am the Director of Insurance in the State of Ohio and have supervision of insurance business in said State and as such I hereby certify that

GUARDIAN NATIONAL TITLE INSURANCE COMPANY

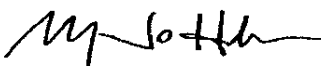
of Ohio is duly organized under the laws of this State and is authorized to transact the business of insurance under the following section(s) of the Ohio Revised Code:

Section 3953
Title

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TALLAHASSEE, FLORIDA

GUARDIAN NATIONAL TITLE INSURANCE COMPANY certified in its annual statement to this Department as of December 31, 2006 that it has admitted assets in the amount of \$4,969,592, liabilities in the amount of \$3,195,654, and surplus of at least \$1,773,938.

IN WITNESS WHEREOF, I have hereunto subscribed my name and caused my seal to be affixed at Columbus, Ohio, this day and date.


Mary Jo Hudson
Director

