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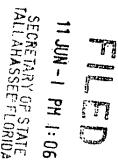
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MRD 4/2

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: InsPro Corporation	
Name of corporati	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact businesses."	anding" and check are submitted to register the
Please return all correspondence concerning this mat	ter to the following:
Brenda Anthony	
Name	of Person
Central Licensing Bureau	
Firm/Co	ompany
1501 N University, Suite 550	
Ad	dress
Little Rock, AR 72207	
City/State	e and Zip code
corpqual@centrallicensingbureau.com	
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please	e call:
Brenda Anthony at (501) 664-8044
	ea 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 & □ \$87.50 Filing Fee, Certified Copy

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.

InsPro Corpora		
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in Florida)
California		3, 68-0101584
	under the law of which it is incorporated)	(FEI number, if applicable)
09/28/1982		5 Perpetual
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)
2300 Clayton R	oad, Suite 1100, Concord, CA 94520	
	(Principal office a	address)
2300 Clayton F	toad, Suite 1100, Concord, CA 94520	
	(Current mailing	address)
·	of insurance functioning as an insurance	
(Purnace)	s) of corporation authorized in home state o	r country to be carried out in state of Florida)
(Turpose(s	,,	
	<u>et address</u> of Florida registered agent: (
Name and stree	•	
Name and stree	et address of Florida registered agent: (
Name and stree	et address of Florida registered agent: (NRAI Services, Inc. 515 East Park Avenue	P.O. Box NOT acceptable) ACCEPTABLE AND ACCEPTABLE
. Name and stree	et address of Florida registered agent: (NRAI Services, Inc.	·

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.

ву:

(Registered agent's signature)

NRAI Services, Inc.

WHL Woodyard IV, Assistant Secretary

11. Attached is a certificate of existence duly authoricated, 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:	det
A. DIRECTORS	Follow En
Chairman: SEE ATTACHED	11 nm
Address:	SECRETARY 1:06
	SECRETARY OF STATE TALLAHASSEE FLORIDA
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: SEE ATTACHED	
Address:	
Vice President:	
Address:	
Secretary:	· · · · · · · · · · · · · · · · · · ·
Address:	
Treasurer:	
Address:	· · · · · · · · · · · · · · · · · · ·
NOTE: If necessary, you may attach an addendum to the application listing	ng additional officers and/or directors.
13. (Signature of Director or Officer listed in number 12)	of the application)
James I. Bechter Senior Vice President	or the approachors

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

Inspro Corporation List of Officers and Directors



William F. Hubbard, President/Director 6 Ballard Terrace Lexington, MA 02420

William T. Whamond, Exec Vice Pres/Director 13403 Northwest Freeway Houston, TX 77040

John N. Molbeck, Exec Vice Pres/Director 13403 Northwest Freeway Houston, TX 77040

Sortino, Michael J., Chief Financial Officer 37 Radio Circle Drive P.O. Box 5000 Mount Kisco, NY 10549

James L. Bechter, Senior Vice Pres/COO 2300 Clayton Road, Suite 1100 Concord, CA 94520

Randy D. Rinicella, Vice Pres/Secretary 13403 Northwest Freeway Houston, TX 77040

Jonathan Lee, Vice Pres/Treasurer 13403 Northwest Freeway Houston, TX 77040

State of California Secretary of State

CERTIFICATE OF STATUS



ENTITY NAME:

INSPRO CORPORATION

FILE NUMBER:

C1124169

FORMATION DATE:

09/28/1982

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 05, 2011.

> **DEBRA BOWEN** Secretary of State