

F03000004494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

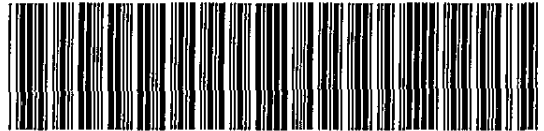
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT
COMMISSION OF CORPORATIONS

CT CORPORATION

September 8, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

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03 SEP - 8 PM 2:12
TALLAHASSEE, FLORIDA

Re: Order #: 5885568 WO
Customer Reference 1: None
Customer Reference 2: Homeservices Ins. Inc.

Dear Secretary of State, Florida:

Please file the attached:

Homeservices Insurance, Inc. (NE)
Qualification
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Brigham Weir
Fulfillment Specialist
Brigham_Weir@cch-lis.com

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

**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. HomeServices Insurance, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of natural person or partnership if not so contained in the name at present.)
2. Nebraska 3. 47-0681950
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 04/12/1985 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 10/01/2003
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 4535 Normal Blvd., Ste. 165, Lincoln, NE 68506
(Principal office address)
- same
(Current mailing address)

8. Insurance 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/o C T Corporation System

Office Address: 1200 South Pine Island Road

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.

C T Corporation System
By: [Signature]
(Registered agent's signature)

M.T. FITZPATRICK
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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Robert Moline

Address: 4535 Normal Blvd., Ste. 165

Lincoln, NE 68506

Vice Chairman: _____

Address: _____

Director: Jimmy Holloway

Address: 2501 20th Place South, Ste. 430

Birmingham, AL 35223

Director: _____

Address: _____

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STATE
TALLAHASSEE FLORIDA

B. OFFICERS

President: Robert Moline

Address: 4535 Normal Blvd., Ste. 165

Lincoln, NE 68506

Vice President: Jimmy Holloway

Marsha Sowers

Jean Paul Peltier

Address: 2501 20th Place South, Ste. 430

4535 Normal Blvd., Ste. 165

6800 France Ave. South

Birmingham, AL 35223

Lincoln, NE 68506

Edina, MN 55435

Secretary: Paul Leighton

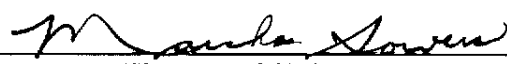
Address: 666 Grand Avenue Des Moines, IA 50303-0657

Treasurer: Mitch Hirt

Address: 4535 Normal Blvd., Ste. 165 Lincoln, NE 68506

Dana Strandmo, VP Corporate Counsel, 6800 France Ave. South, Edina, MN 55435

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

13. 

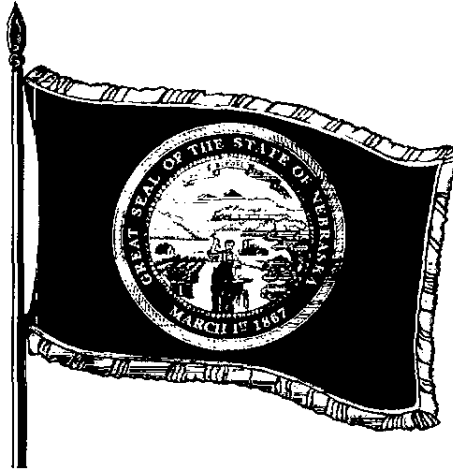
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Marsha Sowers, Vice President

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

STATE OF

NEBRASKA



United States of America, }
State of Nebraska } ss.

Department of State
Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify

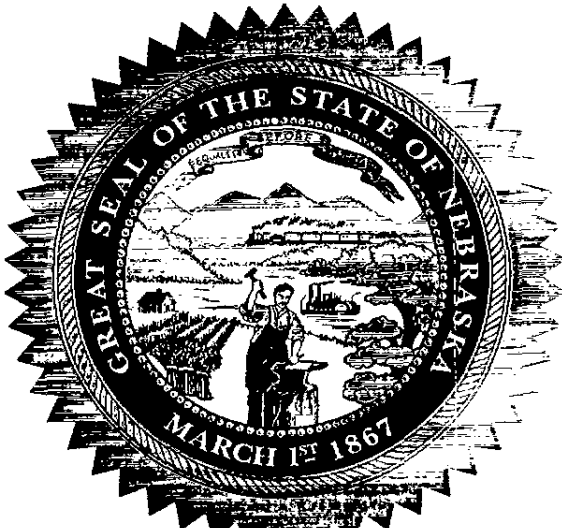
HOMESERVICES INSURANCE, INC.

was duly incorporated under the laws of this state on April 12, 1985 and do further certify that no occupation taxes assessed are unpaid and no annual reports are delinquent; articles of dissolution have not been filed and said corporation is in existence as of the date of this certificate.

In Testimony Whereof,

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on September 4, in the year of our Lord, two thousand three.

John A. Gale
SECRETARY OF STATE



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