F00000005119

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: DEVELOPERS SURETY AND INDEMNITY COMPANY
(Name of corporation - must include suffix)

800003381438--7
-09/05/00--01062--006
*****78.75 *****78.75

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:

Albert Hillebrand, AFSB, Corporate Counsel
(Name of Person)

Developers Surety and Indemnity Company
(Firm/Company)

17780 Fitch Ste. 200
(Address)

Irvine, CA 92614
(City/State/Zip)

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00 SEP -5 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Should you need to call someone concerning this matter, please call:

Albert Hillebrand at (800) 782-1546
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien 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

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. Developers Surety and Indemnity Company
(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. Iowa
(State or country under the law of which it is incorporated)

3. 42-0429710
(FEI number, if applicable)

4. 10/10/36
(Date of incorporation)

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

6. pending licensure by Department of Insurance
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 17780 Fitch Ste. 200
Irvine, CA 92614
(Current mailing address)

8. business of insurance
(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: CT Corporation System

Office Address: 1200 Southern Pine Island Rd.

Plantation, Florida, 30361
(Zip code)

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TALLAHASSEE, FLORIDA

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)

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 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: _____

Address: _____

_____

Vice Chairman: SEE ATTACHED

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

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

President: _____

Address: _____

_____

Vice President: _____

Address: _____

_____

Secretary: _____

Address: _____

_____

Treasurer: _____

Address: _____

_____

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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. David G. Lane, Chief Operating Officer

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

DEVELOPERS SURETY AND INDEMNITY COMPANY

Directors:

Harry C. Crowell	-	Chairman of the Board
Rosalynn Crowell		
Walter A. Crowell		
David G. Lane		
David H. Rhodes		
David L. Kerrigan		

17780 FITCH STE 200
IRVINE, CA 92614

Officers:

Harry C. Crowell	Chief Executive Officer and President
David G. Lane	Chief Operating Officer
David H. Rhodes	Chief Underwriting Officer
Walter A. Crowell	Executive Vice President, Secretary and Vice Chairman
David L. Kerrigan	Sr. Vice President/Chief Legal Officer
Lawrence G. Kepiro	Sr. Vice President/General Counsel, Claims & Recovery
William T. Sherer	Sr. Vice President, Underwriting
Susan M. Moore	Sr. Vice President, Claims
David L. Miller	Vice President, Underwriting
Gregg Okura	Vice President, Underwriting
Steven A. Tvedt	Vice President, Information Systems
Robert G. Steen	Vice President, Controller
Samuel Tobis	Vice President

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TALLAHASSEE, FLORIDA

IOWA

No. 00081039
Date: 08/22/2000

SECRETARY OF STATE

490 DP-0000[illegible]
INSCO INSURANCE SERVICES INC
ALBERT J HILLEBRAND
17780 FITCH STE 200
IRVINE, CA 92614

CERTIFICATE OF EXISTENCE

Name: DEVELOPERS SURETY AND INDEMNITY COMPANY
Begin date: 19361010
Expiration: PERPETUAL

I, CHESTER J. CULVER, secretary of state of the state of Iowa, custodian of the records of incorporations, certify that the corporation is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report has been filed by the secretary of state, and that articles of dissolution have not been filed.

Chet Culver

CHESTER J. CULVER SECRETARY OF STATE

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