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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TRANSMITTAL LETTER

04 JAN 20

TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: **Ticor Insurance Services, Inc.**
(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:

Marjorie Nemzura
(Name of Person)

Fidelity National
(Firm/Company)

171 N. Clark Street - 8th Floor
(Address)

Chicago, IL 60601-3294
(City/State and Zip code)

For further information concerning this matter, please call:

Marjorie Nemzura at (**312**) **223-4552**
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration 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

FILED

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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **Ticor Insurance Services, Inc.**
(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. **California** (State or country under the law of which it is incorporated)

3. **71-0900874** (FEI number, if applicable)

4. **8/14/2002** (Date of incorporation)

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

6. **upon qualification**
(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. **601 Riverside Ave., Jacksonville, FL 32204**
(Principal office address)

(Current mailing address)

8. **property and casualty 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 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.

Scot Ferraro
Assistant Secretary
(Registered agent's signature)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Chairman: **William P. Foley, II**

Address: **601 Riverside Ave.**

Jacksonville, FL 32204

Vice Chairman:

Address:

Director: **Peter T. Sadowski**

Address: **601 Riverside Ave.**

Jacksonville, FL 32204

Director: **Alan L. Stinson**

Address: **601 Riverside Ave.**

Jacksonville, FL 32204

B. OFFICERS

President: **Mark O. Davey**

Address: **601 Riverside Ave.**

Jacksonville, FL 32204

Vice President: **Marjorie Nemzura**

Address: **171 N. Clark Street, 8th Floor**

Chicago, IL 60601-3294

Secretary: **Todd C. Johnson**

Address: **601 Riverside Ave., Jacksonville, FL 32204**

Treasurer: **Patrick G. Farenga**

Address: **601 Riverside Ave., Jacksonville, FL 32204**

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

13. Marjorie Nemzura
(Signature of Director or 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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ticor Insurance Services, Inc.
Directors and Officers

Directors

William P. Foley, II	601 Riverside Ave., Jacksonville, FL 32204
Mark O. Davey	601 Riverside Ave., Jacksonville, FL 32204
Peter T. Sadowski	601 Riverside Ave., Jacksonville, FL 32204
Alan L. Stinson	601 Riverside Ave., Jacksonville, FL 32204

Officers

William P. Foley, II	Chairman of Board	601 Riverside Ave., Jacksonville, FL 32204
Mark O. Davey	Pres. & CEO	601 Riverside Ave., Jacksonville, FL 32204
Peter T. Sadowski	Exec. VP & Gen. Counsel	601 Riverside Ave., Jacksonville, FL 32204
Alan L. Stinson	Exec. VP & CFO	601 Riverside Ave., Jacksonville, FL 32204
Richard L. Cox	Senior VP and Tax Officer	601 Riverside Ave., Jacksonville, FL 32204
Todd C. Johnson	Senior VP & Secretary	601 Riverside Ave., Jacksonville, FL 32204
Patrick G. Farenga	Vice Pres. & Treasurer	601 Riverside Ave., Jacksonville, FL 32204
Marjorie Nemzura	VP and Asst. Sec.	171 N. Clark St., 8th Fl, Chicago, IL 60601
Eileen W. Van Roeyen	VP and Asst. Sec.	171 N. Clark St., 8th Fl., Chicago, IL 60601

1/15/2004

State of California

SECRETARY OF STATE

CERTIFICATE OF STATUS
DOMESTIC CORPORATION

I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

That on the **14th day of August, 2002, TICOR 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 December 16, 2003.

KEVIN SHELLEY
Secretary of State

no