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Division of Corporations  
Public Access System

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**To:**

Division of Corporations  
Fax Number : (850) 205-0383

**From:**

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

**FOREIGN PROFIT QUALIFICATION**

**Inzura Insurance Services, Inc.**

Certificate of Status	0
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**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. INZURA INSURANCE SERVICES, INC.

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

N/A

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

2. Delaware

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

3. 56-2527089

(FEI number, if applicable)

4. 08/04/2005

(Date of incorporation)

5. Perpetual

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

6. \_\_\_\_\_

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

7. 15090 Avenue of Science, San Diego, CA 92128

(Principal office address)

same

(Current mailing address)

8. Mortgage related insurance services

(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 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: \_\_\_\_\_

(Registered agent's signature)

M.T. Fitzpatrick  
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:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**A. DIRECTORS SEE ATTACHMENT**

Chairman: James A. Konrath

Address: 15090 Avenue of Science

San Diego, CA 92128

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Joseph J. Lydon

Address: 15090 Avenue of Science

San Diego, CA 92128

Director: Stuart D. Marvin

Address: 15090 Avenue of Science

San Diego, CA 92128

**B. OFFICERS SEE ATTACHMENT**

President: Joseph J. Lydon

Address: 15090 Avenue of Science

San Diego, CA 92128

Vice President: James W. Potter

Address: 15090 Avenue of Science

San Diego, CA 92128

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you must 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. Stuart D. Marvin, Executive Vice President

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

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Attachment to Florida  
**Officers & Directors**

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1. Full Name: James A. Konrat  
Officer/Director: Officer, Director  
Officer's Title: Chief Executive Officer  
Director's Title: Chairman  
Business Address: 15090 Avenue of Science  
City: San Diego  
State: CA  
ZIP Code: 92128
2. Full Name: Joseph J. Lydon  
Officer/Director: Officer, Director  
Officer's Title: President  
Director's Title: Other Director  
Business Address: 15090 Avenue of Science  
City: San Diego  
State: CA  
ZIP Code: 92128
3. Full Name: Stuart D. Marvin  
Officer/Director: Officer, Director  
Officer's Title: Executive Vice President  
Director's Title: Other Director  
Business Address: 15090 Avenue of Science  
City: San Diego  
State: CA  
ZIP Code: 92128
4. Full Name: John S. Buchanan  
Officer/Director: Officer, Director  
Officer's Title: Chief Financial Officer  
Director's Title: Other Director  
Business Address: 15090 Avenue of Science  
City: San Diego  
State: CA  
ZIP Code: 92128
5. Full Name: James W. Potter  
Officer/Director: Officer  
Officer's Title: Sr. Vice President  
Business Address: 15090 Avenue of Science  
City: San Diego

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State:  
ZIP Code:

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# Delaware

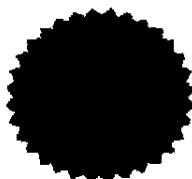
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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INZURA INSURANCE SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF OCTOBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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050841519



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4226852

DATE: 10-14-05

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