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(City/State/Zip/Phone #)					

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PICK-UP		MAIL		
(Business Entity Name)				
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Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				

Office Use Only







FLORIDA DEPARTMENT OF STATE Division of Corporations

July 10, 2006

KAREN WIMBLEY SUPPORTIVE INSURANCE SERVICES 4207 E FLANINGAM RD BRUCEVILLE, IN 47516

SUBJECT: AN TITLE CORPORATION Ref. Number: W06000028178

We have received your document for AN. TITLE CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes Document Specialist New Filing Section

Letter Number: 106A00044273



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 22, 2006

KAREN WIMBLEY SUPPORTIVE INSURANCE SERVICES 4207 E FLANINGAM RD BRUCEVILLE, IN 47516

SUBJECT: AMERICAN NATIONAL TITLE CORPORATION Ref. Number: W06000028178

We have received your document for AMERICAN NATIONAL TITLE CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes Document Specialist

Letter Number: 106A00041574



SERVICES

SUPPORTIVE INSURANCE

TO: Secretary of State

FROM: Karen Wimbley Supportive Insurance Services

RE: Certificate of Authority Application

Enclosed you will find the necessary requirements to issue a Certificate of Authority. The certificate should be forwarded to:

Supportive Insurance Services, LLC 4207 E Flaningam Rd Bruceville IN 47516

If you require any additional requirements, please contact me at (812) 324-2256 or via email at <u>klwimbley@supportiveinservices.com</u>

Enclosures

COVER LETTER

TO: New Filing Section **Division of Corporations**

FILED 06 JUN 19 AN 7: 35 ALLAHASSEE FLORMA

6/15/06. CR # 5834 \$ 78.75

SUBJECT: American National Title Corporation

(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:

Karen Wimbley

(Name of Person)

Supportive Insurance Services

(Firm/Company)

4207 E Flaningam Rd

(Address)

Bruceville IN 47516

(City/State and Zip code)

For further information concerning this matter, please call:

Karen Wimbley

at (812) 324-2256

(Name of Person)

(Area 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

7 \$78.75 Filing Fee & Certificate of Status **\$78.75** Filing Fee & Certified Copy

\$87.50 Filing Fee, Certificate of Status & Certified Copy

PLICATION 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 American National Title Corporation

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

American National <u>Title Corporation of Eldertburg</u> (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2 Maryland

3. _20-1642973

5. Perpetual

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

4 09/22/2004

(Date of incorporation)

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

(FEI number, if applicable)

6 Upon Approval

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7 2200 Edenbrooke Ct Eldersburg MD 21784

(Principal office address)

2200 Edenbrooke Ct Eldersburg MD 21784

(Current mailing address)

8. Insurance	Agency Sales/Marketing		I SI	06	
(Purpose(s) of corporation authorized in home state or c	country to be carried out in state of Flor	ida)	JUL	П
9. Name and stre	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	ASSI	19	E
Name:	NRAI Services, Inc.		E C	M	0
Office Address:	2731 Executive Park Dr., Ste 4		LORID	بر در	
	Weston	, Florida 33331		់ ហ	i
	(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.

Secy. of NRAI (Registered agent's signature) DIANA Madonaclo, ASST., Secy., of NRHI

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:

n

A. DIRECTORS

٠,

Chairman: Jeffrey D Sussman

Address: 2200 Edenbrooke Ct Eldersburg MD 21784

Vice Chairman:	6
Address:	PE L T
	I C
Dimetar	The E
Director:	
Address:	
	· 7
Director:	
Address:	
<u></u>	
B. OFFICERS	
President: Jeffrey D Sussman	
Address: 2200 Edenbrooke Ct Eldersburg M	D 21784
Address	
Vice President:	
Address:	
	· · · · · · · · · · · · · · · · · · ·
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the appl	cation listing additional officers and/or directors.
13	
(Signature of Director or Officer listed in	number 12 of the application)
14. Jeffrey D Sussman President	

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

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT AMERICAN NATIONAL TITLE CORPORATION IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JUNE 15, 2006.

Paul B. Under

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

ANY OF STATE ASSEE, FLORIDA

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