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(Re	equestor's Name)					
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(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nan	ne)				
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Certified Copies	_ Certificates	of Status				
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T. Burch MAR 202007

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: SUR INSURANCE AGENCY,	INC.
(Name of corporation -	must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Aut "Certificate of Existence," and check are submitted to registransact business in Florida.	
Please return all correspondence concerning this matter to	he following:
Jodi Gordon	
(Name of Per	son)
CNA Surety, Legal Department	
(Firm/Compa	ny)
P.O. Box 5077	
(Address)	
Sioux Falls, SD 57117-5077	
(City/State and	Zip code)
For further information concerning this matter, please call:	
Jodi Gordon at (605)	977-7708
	e & 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:	
	3.75 Filing Fee & \$87.50 Filing Fee, certified Copy 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.

(Enter name of c	rance Agency, Inc. orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate n	——	adopted for the purpose of transacting business in Florida)	
2. South Dak	`	3	E0 1620046	
	under the law of which it is incorporated)	_ J.	(FEI number, if applicable)	i
4. 11-1-2006	;	5.	Perpetual	
	of incorporation)	٠.	(Duration: Year corp. will cease to exist or "perpetual")	
6. N/A				
		7.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability) 7104-6703	
	(Principal office	add	ress)	1
P.O. Box 5	5077, Sioux Falls, SD 571	17	-5077 X X 등 등	
	(Current mailing	add	ress)	ED
	on of all lawful insurance a o) of corporation authorized in home state of		surety and fidelity bond business 5	
9. Name and stree	et address of Florida registered agent:	(P.C	D. Box NOT acceptable)	
Name:	CT Corporation Sytem			
Office Address:	1200 S. Pine Island Ave.		· 	
	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.

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: John F. Welch Address: 333 S. Wabash Ave. Chicago, IL 60604 Vice Chairman: John F. Corcoran " Address: 333 S. Wabash Ave. Chicago, IL 60604 Director: Michael A. Dougherty Address: 333 S. Wabash Ave. Chicago, IL 60604 Director: Address: B. OFFICERS President: Paul T. Bruflat (President and CEO) Address: 101 S. Phillips Ave. Sioux Falls, SD 57104-6703 Vice President: Michael A. Dougherty (Senior Vice President) → Address: 333 S. Wabash Ave. Chicago, IL 60604 Secretary: Melissa D. Cooper (Treasurer and Secretary) Address: 101 S. Phillips Ave., Sioux Falls, SD 57104-6703 Treasurer: __ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. Paul T. Bruflat, President

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

State of South Bakota



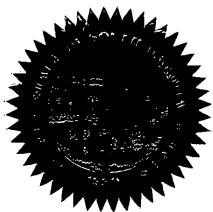
SECNETARY OF STATE TALLAHASSEE, FLORIDA

OFFICE OF THE SECRETARY OF STATE

Certificate of Existence Domestic Corporation

ORGANIZATIONAL ID #: DB051663

- I, Chris Nelson, Secretary of State of the State of South Dakota, do hereby certify that SUR INSURANCE AGENCY, INC. was duly incorporated under the laws of this state on November 01, 2006 for a perpetual term of existence.
- I, further certify that said corporation has complied with the laws of this State relative to the formation of corporations of its kind and is now a regularly and properly organized and existing corporation under the laws of this State and is in good standing, as shown by the records of this office. The annual report required by law has been filed with our office and articles of dissolution have not been filed. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the corporation's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this January 8, 2007.

Chi Nelson

Chris Nelson Secretary of State