F07000004110

| (Re | equestor's Name) | |
|-------------------------|------------------------|---------------------------------------|
| (Ac | ddress) | |
| (Ac | ddress) | |
| (Ci | ity/State/Zip/Phone #) | · · · · · · · · · · · · · · · · · · · |
| PICK-UP | WAIT | MAIL |
| (Bu | usiness Entity Name) | |
| (Do | ocument Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporate | ions | | | | |
|---|--|-----------------|--|----------|--|
| SUBJECT: GUARDIAN | NATIONAL (Name o | TITLE IN | ISURANÇ | E C | OMPANY |
| | F07000004 | • | | | |
| The enclosed Amendment ar | nd fee are submi | tted for filing | • | | |
| Please return all corresponde | ence concerning | this matter to | the following | g: | |
| Jeffrey W. VanGilder | | | | | |
| (Name of C | ontact Person) | • | | | |
| EnTitle Insurance Co | | | | | |
| - (Firm/ | Company) / | | | | |
| 4600 Rockside Road | | | | | |
| , (A | ddress) | | | | |
| Independence, OH 4 | 4131 and Zip Code) | | | | |
| For further information conc | • • | er, please cal | 1: | | |
| Jeff VanGilder | | at (_304 | 932-89 | 33 | none Number) |
| (Name of Contact Pe | erson) | (Area Coo | de & Daytime | Teleph | ione Number) 🐪 |
| Enclosed is a check for the f | ollowing amoun | t: | | | • |
| \$35.00 Filing Fee | \$43.75 Filing Fee & Certificate of Status | Cert (Ad | .75 Filing Fee & tified Copy ditional copy is aclosed) | ✓ | \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Clifton Build | Section Corporations ding tive Center Ci | rcle | |

P 216.524.3400

800.362.2305

f 216.524.3488

888.330.3939

July 28, 2008

Via Federal Express

Darlene Connell Regulatory Specialist II Florida Department of State 2661 Executive Center Circle Tallahassee, FL 32301

RE:

Reference Number F07000004110

Letter No. 408A00042503 -- Name Change Amendment

Guardian National Title Insurance Company to EnTitle Insurance Company

Dear Ms. Connell:

Thank you for your letter dated July 22, 2008 regarding the above-referenced corporation and transaction. As per your request, we changed the date in Section 3 to August 15, 2007. We had mistakenly used the date the Company was authorized to transact insurance business in Florida by the Florida Office of Insurance Regulation.

Also enclosed is a certified copy of the approved state of domicile name change (see certification stamp on back of final page) of the name change approval from Guardian National Title Insurance Company to EnTitle Insurance Company approved by the Ohio Secretary of State. The Certificate of Amendment to Articles on the second page evidences the name change from Guardian National Title Insurance Company to EnTitle Insurance Company.

I trust that this completes the filing. Please contact me immediately if you require any additional information.

Sincerely,

leffre/W. VanGilder

VP, Regulatory Compliance

Enclosures



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

July 22, 2008

JEFFREY W. VANGILDER 4600 ROCKSIDE ROAD, SUITE 104 INDEPENDENCE, OH 44131

SUBJECT: GUARDIAN NATIONAL TITLE INSURANCE COMPANY Ref. Number: F07000004110

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

SECTION #3 SHOULD READ: AUGUST 15, 2007.

PLEASE PROVIDE A CERTIFICATE SHOWING BOTH THE OLD AND NEW NAMES FOR THE CORPORATION.

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) 245-6906.

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Darlene Connell Regulatory Specialist II

Letter Number: 408A00042503

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

| F0700004110 | | |
|---|--|---|
| (Document number of | f corporation (if known) | CONT. |
| 1_GUARDIAN NATIONAL TITLE INSURA | ANCE COMPANY | 08 J |
| (Name of corporation as it appears on | the records of the Department of State) | HASSAH ASSA |
| 2. OHIO (Incorporated under laws of) | 3. August 15, 2007 (Date authorized to do busi | |
| (incorporated under laws of) | (Date authorized to do busi | iness in Horizon |
| | FION II HE APPLICABLE CHANGES) | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| 4. If the amendment changes the name of the corporation | | der the laws of |
| its jurisdiction of incorporation? April 23, 2008 | | |
| 5. EnTitle Insurance Company | | |
| (Name of corporation after the amendment, adding suf- appropriate abbreviation, if not contained in new name | • , | |
| (If new name is unavailable in Florida, enter alternate c business in Florida) | orporate name adopted for the pur | pose of transacting |
| 6. If the amendment changes the period of duration, indic | ate new period of duration. | |
| n/a | | |
| • | duration) | |
| 7. If the amendment changes the jurisdiction of incorpora | tion, indicate new jurisdiction. | |
| n/a (New ju | urisdiction) | |
| Attached is a certificate or document of similar import, 90 days prior to delivery of the application to the Depa having custody of corporate records in the jurisdiction | , evidencing the amendment, author treatment of State, by the Secretary of under the laws of which it is incor | enticated not more than of State or other official porated. |
| | | |
| (Signature of a director, president or other officer - if in the of a receiver or other court appointed fiduciary, by that file | ie hands duciary) | |
| Michael F. Waiwood | President and | CEO |
| (Typed or printed name of person signing) | (Title of person sign | ning) |

Office of Financial Regulation Services 50 West Town Street Third Filoor- Suite 300 Columbus, Ohio 43215 (614) 644-2658 Fax (614) 644-3256 www.ohioinsurance.gov

Ohio Department of Insurance

Ted Strickland - Governor Mary Jo Hudson - Director

Certificate of Compliance



Issued 07/10/08 Effective 07/01/08 Expires 06/30/09

I, Mary Jo Hudson, hereby certify that I am the Director of Insurance in the State of Ohio and have supervision of insurance business in said State and as such I hereby certify that

ENTITLE INSURANCE COMPANY

of <u>Ohio</u> is duly organized under the laws of this State and is authorized to transact the business of insurance under the following section(s) of the Ohio Revised Code:

Section 3953 Title

ENTITLE INSURANCE COMPANY certified in its annual statement to this Department as of December 31, 2007 that it has admitted assets in the amount of \$9,809,886, liabilities in the amount of \$3,011,373, and surplus of at least \$6,798,513.

IN WITNESS WHEREOF, I have hereunto subscribed my name and caused my seal to be affixed at Columbus, Ohio, this day and date.

Mary Jo Hudson

Director



DATE: - ... 04/23/2008 DOCUMENT ID 200811402212

DESCRIPTION DOMESTIC/AMENDMENT TO ARTICLES (AMD) FILING 50.00 300.00

PENALTY .00 CERT

COPY 50.00

Receipt

This is not a bill. Please do not remit payment.

GUARDIAN NATIONAL TITLE INSURANCE COMPANY 4600 ROCKSIDE ROAD, STE 104 INDEPENDENCE, OH 44131

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

514161

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

ENTITLE INSURANCE COMPANY

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

200811402212

DOMESTIC/AMENDMENT TO ARTICLES

CHETA TO STATE OF THE PARTY OF

United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 23rd day of April, A.D. 2008.

Junifer Grunn

Ohio Secretary of State



Prescribed by.

The Ohio Secretary of State Central Ohio: (614) 466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us e-mail: busserv@sos.state.oh.us

(CHECK ONLY ONE (1) BOX)

| Expedite | this Form: (Select One) |
|----------|--------------------------------------|
| lei (fog | le on the material prince. |
| | PO Box 1390 |
| _ | Columbus, OH 43216 |
| *** Req | uires an additional fee of \$100 *** |
| O.: | PO Box 1329 |
| ON₀ | Columbus, OH 43216 |

Certificate of Amendment by Directors or Incorporators to Articles

(Domestic) Filing Fee \$50.00

| (1) Amendment by Directors | (2) Amendment b | y Incorporators |
|------------------------------------|---|---|
| Amended by Directors | (123-AMDD) Amended by I | ncorporators (124-AMDI) |
| | | 2 |
| Complete the general information | n in this section for the box checked above | . <u>=</u> |
| | | |
| Name of Corporation | Guardian National Title Insurance Co | midany |
| | | : 2 |
| Charter Number | <u>514161 </u> | |
| _ | | - |
| Please check if additional provisi | ons attached hereto are incorporated herein and m | ade a part of these articles of organization. — |
| | | <u> </u> |
| | | |
| • | • | |
| | | • |
| Complete the information in this | section if box (1) is checked. | |
| | | |
| Name and Title of Officer | Michael F. Waiwood | President |
| Tumo and The of Officer | (name) | (title) |
| (CHECK ONLY ONE (1) BOX) | | (uue) |
| | ctors was duly called and held on | February 27, 2008 |
| A resource | olors was duly balled and field off | (Date) |
| | | , (Date) |
| ☐ in an writing signed h | by all the Directors pursuant to section 17 | 01 54 of the ORC |
| in an arraing orginous | y an the Directors pursuant to section 17 | |
| The following resolution was ad- | opted pursuant to section 1701.70(B) | -6 of the ORC: |
| | | ert proper paragraph number) |
| | (mai | ert proper paragraph nomber) |
| Resolved that the Co | ompany is hereby authorized and directe | d to change the name of the Company |
| Troopivod, that the Or | omparty is fleroby authorized and directed | d to change the hame of the company |
| from Guardian Nation | nal Title Insurance Company to EnTitle In | anuronno Company |
| TOTT Guardian Nation | iar rive insurance Company to Entrice in | isurance Company. |
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| • | | |
|---|--|---|
| Complete the information in this | section if box (2) is checked. | |
| | | |
| WE, the undersigned, being all | of the incorporators of the above named corpor red and the initial directors are not named in the | ration, do certify that the subscriptions |
| amend the articles as follows: | | anticles. We fistery flave stated to |
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| | | |
| REQUIRED Must be authenticated /slaned | | |
| Must be authenticated (signed | | March 20, 2008 |
| | Authorized Representative | March 20, 2008 Date |
| Must be authenticated (signed by an authorized representative | Authorized Representative Michael F. Waiwood | |
| Must be authenticated (signed by an authorized representative | Authorized Representative | |
| Must be authenticated (signed by an authorized representative | Authorized Representative Michael F. Waiwood | |
| Must be authenticated (signed by an authorized representative | Authorized Representative Michael F. Waiwood | |
| Must be authenticated (signed by an authorized representative | Authorized Representative Michael F. Waiwood | |
| Must be authenticated (signed by an authorized representative | Authorized Representative Michael F. Waiwood | |
| Must be authenticated (signed by an authorized representative | Authorized Representative Michael F. Waiwood (Print Name) | Date |
| Must be authenticated (signed by an authorized representative | Authorized Representative Michael F. Waiwood | |
| Must be authenticated (signed by an authorized representative | Authorized Representative Michael F. Waiwood (Print Name) Authorized Representative | Date |
| Must be authenticated (signed by an authorized representative | Authorized Representative Michael F. Waiwood (Print Name) | Date |
| Must be authenticated (signed by an authorized representative | Authorized Representative Michael F. Waiwood (Print Name) Authorized Representative | Date |
| Must be authenticated (signed by an authorized representative | Authorized Representative Michael F. Waiwood (Print Name) Authorized Representative | Date |
| Must be authenticated (signed by an authorized representative | Authorized Representative Michael F. Waiwood (Print Name) Authorized Representative | Date |
| Must be authenticated (signed by an authorized representative | Authorized Representative Michael F. Waiwood (Print Name) Authorized Representative | Date |
| Must be authenticated (signed by an authorized representative | Authorized Representative Michael F. Waiwood (Print Name) Authorized Representative | Date |