

Division of Corporations
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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

Fidelity National Indemnity Insurance Company

Certificate of Status	0
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10/28/2008

**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. Fidelity National Indemnity Insurance Company

(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. Texas

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

3. 81-0575473

(FEI number, if applicable)

4. 11/07/2002

(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. 601 Riverside Ave., Jacksonville, FL 32204

(Principal office address)

c/o Legal Dept., 601 Riverside Ave., Jacksonville, FL 32204

(Current mailing address)

8. Property & Casualty Insurance Company

(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: **CT Corporation System**

Office Address: **1200 South Pine Island Road**

Plantation

(City)

Florida 33324

(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.

Connie B. Bly

CONNIE BLY
SPECIAL AGENT

(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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Mark O. Davey

Address: 601 Riverside Ave., Jacksonville, FL 32204

Vice Chairman: Raymond R. Quirk

Address: 601 Riverside Ave., Jacksonville, FL 32204

Director: Anthony J. Park

Address: 601 Riverside Ave., Jacksonville, FL 32204

Director: Alan L. Stinson

Address: 601 Riverside Ave., Jacksonville, FL 32204

B. OFFICERS ATTACHMENT

President: Mark O. Davey

Address: 601 Riverside Ave., Jacksonville, FL 32204

Vice President: Anthony J. Park

Address: 601 Riverside Ave. Jacksonville, FL 32204

Secretary: Michael L. Gravelle

Address: 4050 Calle Real, Santa Barbara, CA 93110

Treasurer: Daniel K. Murphy

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. 

(Signature of Director or Officer listed in number 12 of the application)

14. Madeline Barewald, Assistant Vice President and Assistant Secretary

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

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FIDELITY NATIONAL INDEMNITY INSURANCE COMPANY

ADDITIONAL OFFICERS

Perez, Paul Ignatius

Stinson, Alan Lynn

Chiarello, Kevin Richard

Cox, Richard Lynn

Frost, Tommye M.

Murphy, Daniel K.

Beck, Trudy

Giorgianni, John Matthew

Barewald, Madeline

Executive Vice President and Chief
Compliance Officer

Executive Vice President

Senior Vice President

Senior Vice President and Tax Officer

Senior Vice President, Chief Regulatory
Counsel and Assistant Secretary

Senior Vice President and Treasurer

Vice President and Assistant Secretary

Vice President

Assistant Vice President and Assistant
Secretary - Appointed Officer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Texas Department of Insurance

Financial, Company Licensing & Registration, Mail Code 305-2C
333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104

STATE OF TEXAS §
 §
COUNTY OF TRAVIS §

The Commissioner of Insurance, as the chief administrative and executive officer and custodian of records of the Texas Department of Insurance has delegated to the undersigned the authority to certify the authenticity of documents filed with or maintained by or within the custodial authority of the Company Licensing & Registration Division of the Texas Department of Insurance.

Therefore, I hereby certify that the attached documents are true and correct copies of the documents described below. I further certify that the documents described below are filed with or maintained by or within the custodial authority of the Company Licensing & Registration Division of the Texas Department of Insurance.

Current Certificate of Authority for FIDELITY NATIONAL INSURANCE COMPANY, San Antonio, Texas, No. 13793, dated February 1st, 2005, consisting of one (1) page.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this 21st day of October 2008.

MIKE GEESLIN
COMMISSIONER OF INSURANCE

BY: 
Jeff Hunt, Admissions Officer
Company Licensing & Registration Division
Order No. 07-0989

Texas Department of Insurance



Certificate No. 13793

Company No. 07-095747

Certificate of Authority

THIS IS TO CERTIFY THAT

FIDELITY NATIONAL INDEMNITY INSURANCE COMPANY

SAN ANTONIO, TEXAS

has complied with the laws of the State of Texas applicable thereto and is hereby authorized to transact the business of

Fire; Allied Coverages; Automobile--Liability & Physical Damage;
Liability other than Automobile; Glass; Burglary & Theft and
Reinsurance on all lines authorized to be written on a direct basis

insurance within the state of Texas. This Certificate of Authority shall be in full force and effect until it is revoked, canceled or suspended according to law.

IN TESTIMONY WHEREOF, witness my hand and seal of
office at Austin, Texas, this

1st day of February A.D. 2005

JOSE MONTEMAYOR
COMMISSIONER OF INSURANCE

BY

Godwin Ohaechesi

Godwin Ohaechesi, Director
Company Licensing & Registration

SECRETARY OF STATE
ALLIANCE, FLORIDA

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