

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000243712 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED OCT 2 7 2008

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5926

FOREIGN PROFIT/NONPROFIT CORPORATION

Fidelity National Indemnity Insurance Company

Certificate of Status	0	
Certified Copy	0	
Page Count	U6	
Estimated Charge	\$70.00	

Electronic Filing Menu

Corporate Filing Menu

Help

Birch OCI 55 8 5084

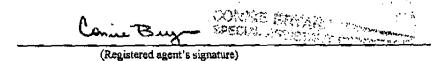
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

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.

, į

			Win and an
Tarana	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in 81-0575473	riorida)
Texas	under the law of which it is incorporated)	(FEI number, if applicable)	
11/07/20		Perpetual	
·	of incorporation)	(Duration: Year corp. will cease to exist or "per	petual")
•	ar mad bornion)	,	
' 		in Florida, if prior to registration) 502, F.S., to determine penalty liability)	TANK A
601 Rivers	side Ave., Jacksonville, FL 3	32204	(
·	(Principal office add		
c/o Legal (Dept., 601 Riverside Ave., Ja	acksonville, FL 32204	
	(Current mailing add	iress)	
Property &	Casualty Insurance Compa	any	
(Purpose(s) of corporation authorized in home state or c	ountry to be carried out in state of Florida)	
. Name and stree	t address of Florida registered agent: (P.0	O. Box NOT acceptable)	
Name:	CT Corporation System		
office Address:	1200 South Pine Island Ro	ad	
	Plantation	, Florida 33324	
	(City)	(Zip code)	

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: 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 I ATTACH WENT B. OFFICERS 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 nacessary, you may attach an addendism to the application listing additional officers and/or directors. (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)

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 Glorgianni, 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

SECULIFICATION OF STATE



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

8

COUNTY OF TRAVIS

Ş S

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

Jeff Flunt, Admissions Officer

Company Licensing & Registration Division

Order No. 07-0989

Texas Department of Insurance



Certificate No. 13793

Company No. 07-095747

SECKE AT OF

Certificate of Authority

THIS IS TO CERTIFY THAT

business of

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

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

Godwin Ohaechesi, Director Company Licensing & Registration

...