

Division of Corporations  
**F09000002575** Page 1 of 1

Florida Department of State  
Division of Corporations  
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**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Insphere Insurance Solutions, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	05
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**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. Insphere Insurance Solutions, Inc.

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

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

3. 27-0277771

(FBI number, if applicable)

4. 06/01/2009

(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. 9151 Boulevard 26, North Richland Hills, TX 76180

(Principal office address)

same

(Current mailing address)

8. SEE ATTACHMENT

(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: C T 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.*

By: \_\_\_\_\_

(Registered agent's signature)

Megan G. Ware  
Assistant Secretary

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** *SEE ATTACHMENT*

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS** *SEE ATTACHMENT*

President: Phillip J. Hildebrand

Address: 9151 Boulevard 26  
North Richland Hills, TX 76180

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

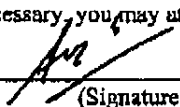
Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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. Anurag Chandra, Exec. Vice President/Secretary  
(Typed or printed name and capacity of person signing application)

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**Attachment to Florida  
Purpose Clause**

Insurance agency services and to engage in any lawful conduct or activities related thereto and in any lawful act or activity for which corporations may be organized to do business under the laws of its jurisdiction of incorporation.

**Officers & Directors**

- |   |                   |                        |
|---|-------------------|------------------------|
| 1 | Full Name:        | Anurag Chandra         |
|   | Officer/Director: | Officer, Director      |
|   | Officer's Title:  | Exec. VP and Secretary |
|   | Director's Title: | Director               |
|   | Business Address: | 9151 Boulevard 26      |
|   | City:             | North Richland Hills   |
|   | State:            | TX                     |
|   | ZIP Code:         | 76180                  |
| 2 | Full Name:        | Jack V. Heller         |
|   | Officer/Director: | Officer                |
|   | Officer's Title:  | Sr. Vice President     |
|   | Director's Title: |                        |
|   | Business Address: | 9151 Boulevard 26      |
|   | City:             | North Richland Hills   |
|   | State:            | TX                     |
|   | ZIP Code:         | 76180                  |
| 3 | Full Name:        | Phillip J. Hildebrand  |
|   | Officer/Director: | Officer, Director      |
|   | Officer's Title:  | President              |
|   | Director's Title: | Director               |
|   | Business Address: | 9151 Boulevard 26      |
|   | City:             | North Richland Hills   |
|   | State:            | TX                     |
|   | ZIP Code:         | 76180                  |

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# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INSPHERE INSURANCE SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF JUNE, A.D. 2009.


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at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7339340

DATE: 06-03-09