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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

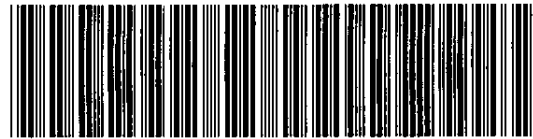
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

MRD
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 307 N. Michigan Ave. Chicago, Illinois 60601
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Alison Hannusch

Name of Person

Old Republic Insured Credit Services, Incorporated

Firm/Company

307 N. Michigan Ave.

Address

Chicago, Illinois 60601

City/State and Zip code

alison_hannusch@oldrepublicics.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alison Hannusch

Name of Person

at (312) 762-4770

Area Code & 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:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, 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.

1. Old Republic Insured Credit Services, Inc.
(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. Delaware 3.
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 21, 1977 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 307 N. Michigan Ave. Chicago, Illinois 60601
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 307 N. Michigan Ave. Chicago, Illinois 60601
(Principal office address)

307 N. Michigan Ave. Chicago, Illinois 60601
(Current mailing address)

8. Credit Indemnity Insurance
(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: Corporation Service Company

Office Address: 1201 Hays St.

Tallahassee, Florida 32301
(City) (Zip code)

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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.

[Handwritten signature] DINA BAILEY
(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.

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

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A. DIRECTORS

Chairman: Aldo Zucaro

Address: 307 N. Michigan Ave.

Chicago, Illinois 60601

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TALLAHASSEE FLORIDA

Vice Chairman: _____

Address: _____

Director: Spencer LeRoy, III

Address: 307 N. Michigan Ave.

Chicago, Illinois 60601

Director: Karl. W. Mueller

Address: 307 N. Michigan Ave.

Chicago, Illinois 60601

B. OFFICERS

President: Leonard Milazzo

Address: 307 N. Michigan Ave.

Chicago, Illinois 60601

Vice President: Carl H. Brauer

Address: Chicago, Illinois 60601

Chicago, Illinois 60601

Secretary: Spencer LeRoy, III

Address: 307 N. Michigan Ave. Chicago, Illinois 60601

Treasurer: Charles S. Boone

Address: 307 N. Michigan Ave. Chicago, Illinois 6001

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. Carl H. Brauer Executive Vice President

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "OLD REPUBLIC INSURED CREDIT SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-FIRST DAY OF JANUARY, A.D. 1977, AT 10 O'CLOCK A.M.

CERTIFICATE OF MERGER, CHANGING ITS NAME FROM "ORI, INC." TO "INSURED CREDIT SERVICES, INC.", FILED THE NINTH DAY OF MARCH, A.D. 1977, AT 4:30 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "INSURED CREDIT SERVICES, INC." TO "OLD REPUBLIC INSURED CREDIT SERVICES, INC.", FILED THE FIFTEENTH DAY OF MARCH, A.D. 1993, AT 9 O'CLOCK A.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWENTY-SIXTH DAY OF MARCH, A.D. 1993, AT 9 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

0833774 8310

100736042



You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8116094

DATE: 07-15-10

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE
AFORESAID CORPORATION, "OLD REPUBLIC INSURED CREDIT SERVICES,
INC."

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES
HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE
BEEN FILED TO DATE.

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Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8116094

DATE: 07-15-10