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Florida Department of State
Division of Corporations
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**FOREIGN PROFIT/NONPROFIT CORPORATION
FREEWAY INSURANCE SERVICES OF FLORIDA, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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November 24, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: FREEWAY INSURANCE SERVICES OF FLORIDA, INC.
REF: W1000055038

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain both the street address of the principal office and the mailing address of the entity.

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Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H10000253878
Letter Number: 010A00027595

SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 NOV 30 AM 11:32

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. Freeway Insurance Services of Florida, 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. 27-4022649
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 19, 2010 5. perpetual
(Date of incorporation) (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. c/o Confie Seguros Holding Co., 358 Fifth Avenue, New York, NY 10001
(Principal office address)

c/o Confie Seguros Holding Co., 358 Fifth Avenue, New York, NY 10001
(Current mailing address)

8. any lawful act or activity for which corporations may be organized
(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 Street

Tallahassee, Florida 32301
(City) (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.

Corporation Service Company
By:  **Troy Todd**
(Registered agent's signature) **as its 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.

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SECRETARY OF STATE
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DIVISION OF CORP. ST.

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

A. DIRECTORS

Chairman: James Ryan Clark
Address: c/o Genstar Capital LLC; Four Embarcadero Center; Suite 1900
San Francisco, CA 94111

Vice Chairman: _____
Address: _____

Director: John Addeo
Address: 358 Fifth Avenue
New York, NY 10001

Director: Robert Rutledge
Address: c/o Genstar Capital LLC; Four Embarcadero Center; Suite 1900
San Francisco, CA 94111

B. OFFICERS

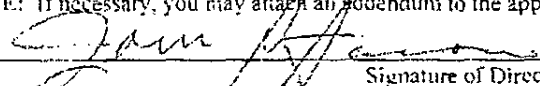
President: John Addeo
Address: 358 Fifth Avenue
New York, NY 10001

Vice President: Martin Rothberg
Address: 358 Fifth Avenue
New York, NY 10001

Secretary: John P. Iacono
Address: 358 Fifth Avenue; New York, NY 10001

Treasurer: James Schlotmann
Address: 358 Fifth Avenue; New York, NY 10001

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S.

14. John P. Iacono, Secretary
(Typed or printed name and capacity of person signing application)

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FREEWAY INSURANCE SERVICES OF FLORIDA, 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 TWENTY-THIRD DAY OF NOVEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FREEWAY INSURANCE SERVICES OF FLORIDA, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE
DIVISION OF CORP. SERVICES

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8374047

DATE: 11-23-10