

Florida Department of State
Division of Corporations
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.

((H11000027414 3)))



H110000274143ABCU

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

To:

Division of Corporations
Fax Number : (850) 617-6381

RECEIVED FEB - 1 2011

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Insurance and Financial Services, Ltd. of Delaware I

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,320.00

RECEIVED OF STATE
FEB 1 2011 11:46 AM

FILED
FEB - 1 AM 11:46

**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. Insurance And Financial Services Ltd. of Delaware Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

2. Delaware 3. 51-0329006
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 9, 1990 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 11/2/2006
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1523 CONCORD PIKE WILMINGTON DELAWARE 19803
(Principal office address)

1523 CONCORD PIKE WILMINGTON DELAWARE 19803
SUITE 301 (Current mailing address)

8. To act exclusively as an insurance agent or broker in accordance with the
Florida General Laws
(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, Florida 33324
(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.

Connie Bryan

Assistant Secretary

Connie Bryan
(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.

SECRETARY OF STATE
FLORIDA

11 FEB - 1 AM 11:46

FILED

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

A. DIRECTORS

Chairman: CARL D. KUMPF, Sr.

Address: 1523 CONCORD PIKE, SUITE 301
WILMINGTON DE 19803

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: RICHARD H. LAPENTA

Address: 1523 CONCORD PIKE, SUITE 301
WILMINGTON DE 19803

Vice President: JOHN R. DAVIS

Address: 1523 CONCORD PIKE, SUITE 301
WILMINGTON DE 19803

Secretary: _____

Address: _____

Treasurer: JOHN DAVIS

Address: SAME AS ABOVE

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

13. [Signature]
(Signature of Director or Officer listed in number 12 of the application)

14. John R. Davis Executive Vice President
(Typed or printed name and capacity of person signing application)

FILED
FEB - 1 AM 11 46
SECRETARY OF STATE
DELAWARE

Delaware

PAGE 1

The First State

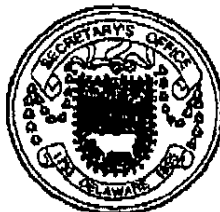
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INSURANCE AND FINANCIAL SERVICES, LTD. OF DELAWARE" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF JANUARY, A.D. 2011.

FILED
11 FEB - 1 AM 11:46
DELAWARE, DELAWARE

2238113 8300

110031094

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8488411

DATE: 01-11-11