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Florida Department of State
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TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION
Turner Surety & Insurance Brokerage, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	09
Estimated Charge	$70.00

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T. Burch

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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TALLAHASSEE, 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. Turner Surety & Insurance Brokerage, 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. New Jersey
(State or country under the law of which it is incorporated)

3. _____
(FEI number, if applicable)

4. 04/28/2009
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. 01/01/2011
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 300 Tice Blvd., 2nd Floor N. Suite 250, Woodcliff Lake, NJ 07677
(Principal office address)

same
(Current mailing address)

8. INSURANCE BROKERAGE OPERATIONS
(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.

C T Corporation System

By: _____
(Registered agent's signature)

Sandra Ortega
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.

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: _____

Address: _____

_____

Vice President: _____

Address: _____

_____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____ Robert O'Byrne
Vice President
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, F.S.

14. Robert O'Byrne, Vice President
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Attachment to Florida
Officers & Directors

1	Full Name:	Nicholas F. Walsh
	Officer/Director:	Officer,Director
	Officer's Title:	President and CEO
	Director's Title:	Director
	Business Address:	300 Tice Blvd., 2nd Floor N. Suite 250
	City:	Woodcliff Lake
	State:	NJ
	ZIP Code:	07677
2	Full Name:	Stephen M. Christo
	Officer/Director:	Officer,Director
	Officer's Title:	Sr. VP, Secretary and Treasurer
	Director's Title:	Director
	Business Address:	42 Standish Avenue
	City:	Quincy
	State:	MA
	ZIP Code:	02170
3	Full Name:	Donald R. Oshiro
	Officer/Director:	Officer
	Officer's Title:	Vice President and Asst. Secretary
	Director's Title:	
	Business Address:	300 Tice Blvd., 2nd Floor N. Suite 250
	City:	Woodcliff Lake
	State:	NJ
	ZIP Code:	07677
4	Full Name:	Sandra K. Wolf
	Officer/Director:	Officer
	Officer's Title:	Assistant Vice President
	Director's Title:	
	Business Address:	300 Tice Blvd., 2nd Floor N. Suite 250
	City:	Woodcliff Lake
	State:	NJ
	ZIP Code:	07677
5	Full Name:	G. Christopher Beck

	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	300 Tice Blvd., 2nd Floor N. Suite 250
	City:	Woodcliff Lake
	State:	NJ
	ZIP Code:	07677
6	Full Name:	Paul Driscoll
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	300 Tice Blvd., 2nd Floor N. Suite 250
	City:	Woodcliff Lake
	State:	NJ
	ZIP Code:	07677

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STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
SHORT FORM STANDING

TURNER SURETY AND INSURANCE BROKERAGE, INC.
0100948188

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on June 30, 2005.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify the registered agent and registered office are:

The Corporation Trust Company
820 Bear Tavern Road
West Trenton, NJ 08628

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TALLAHASSEE, FLORIDA

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 15th day of April, 2011

Andrew P Sidamon-Eristoff
State Treasurer

Certificate Number: 120156182
Verify this certificate online at
http://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp