

F11000002479

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.

(((H11000158035 3)))



H110001580353ABCY

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

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850)521-1000
Fax Number : (850)558-1515

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
AON HEWITT NAVIGATORS INSURANCE SERVICES INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2011 JUN 14 AM 8:54

RECEIVED
11 JUN 14 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

Help

Handwritten signature and date 6/15/11

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. Aon Hewitt Navigators Insurance 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. California 3. 20-3389182
(State or country under the law of which it is incorporated) (PEI number, if applicable)

4. August 17, 2005 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 200 E. Randolph Street, 8th Floor
(Principal office address)

Chicago, IL 60601
(Current mailing address)

8. Insurance Agency.
(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: [Signature] Matthew Young
(Registered agent's signature) Asst. V. Pres.

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction for the law of which it is incorporated.

FILED
2011 JUN 14 AM 8:54
SECRETARY OF STATE
DIVISION OF CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2011 JUN 14 AM 8:54

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

A. DIRECTORS

Chairman: SEE ATTACHMENT.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHMENT.

Address: _____

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

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. Paulette Solinski, Vice President *Pa Sol*

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

ATTACHMENT

State of Florida

Application By Foreign Corporation For Authorization To Transact Business In Florida

FOR

Aon Hewitt Navigators Insurance Services Inc.

NAME	TITLE	ADDRESS
Kristi A. Savacool	Director, President	100 Half Day Road Lincolnshire, IL 60069
Jennifer L. Kraft	Director, Vice President, Secretary	200 E. Randolph Street Chicago, IL 60601
Paul A. Hagy	Director, Treasurer, Vice President	200 E. Randolph Street Chicago, IL 60601
Brian Fern	Vice President - Legal	100 Half Day Road Lincolnshire, IL 60069
Domingo Garcia Jr.	Vice President	200 E. Randolph Street Chicago, IL 60601
Timothy J. Keohane	Vice President - Insurance Services	199 Fremont Street, 15 th FL San Francisco, CA 94105
John Lee	Vice President - Legal	100 Half Day Road Lincolnshire, IL 60069
Brooke Lubben	Vice President - Legal	100 Half Day Road Lincolnshire, IL 60069
John Mikowski	Vice President - Legal	100 Half Day Road Lincolnshire, IL 60069
Matthew Miller	Vice President - Legal	100 Half Day Road Lincolnshire, IL 60069
Scott Ordway	Senior Vice President - Finance	100 Half Day Road Lincolnshire, IL 60069
Peter E. Ross	Vice President - Legal	100 Half Day Road Lincolnshire, IL 60069
Paulette Solinski	Vice President, Assistant Secretary	200 E. Randolph Street Chicago, IL 60601
Mark Sproat	Senior Vice President - Legal	100 Half Day Road Lincolnshire, IL 60069

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION
 2011 JUN 14 AM 8:54

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 JUN 14 AM 8:54

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

AON HEWITT NAVIGATORS INSURANCE SERVICES INC.

FILE NUMBER: C2798633
FORMATION DATE: 08/17/2005
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of June 06, 2011.

Debra Bowen

DEBRA BOWEN
Secretary of State