F50000445

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
647,608 W5-60981			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACT A 7 2015

OCT 07 2015 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 16, 2015

RAYMOND REECE 2400 DALLAS PARKWAY STE 580 PLANO, TX 75093

SUBJECT: FIRST NATIONAL TITLE INSURANCE COMPANY

Ref. Number: W15000060981

We have received your document for FIRST NATIONAL TITLE INSURANCE COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 415A00019581

COVER LETTER

TO:	Registration Se Division of Cor					
First National Title Insurance Company SUBJECT:						
SUB	JEC1:	Name	of corporation	n - must include suffi	x	
Dear S	Sir or Madam:					
"Certi		e," or "Certificate	of Good Sta	anding" and check are	nsact Business in Flor submitted to register t	
	e return all correspond Reece	oondence concern	ing this matt	er to the following:		
			Name o	f Person		
First N	National Title Insura	ince Company				
2400 I	Dallas Parkway, Su	ite 580	Firm/Co	mpany		
			Add	ress		
Plano,	TX 75093					
			City/State	and Zip code		
ray.ree	ece@fnti.com					
		E-mail address	s: (to be used	for future annual rep	ort notification)	誘
For fu	rther information	concerning this n	natter, please	call:		en co
Raym	ond Reece		972 at (588-1283	Allass	FIL. 8
	Name of Perso	n	Area Co	de Daytime Te	elephone Number	
	STREET/COU Registration Se Division of Con Clifton Buildin 2661 Executive Tallahassee, FI	porations g : Center Circle	S:	Registration Division on P.O. Box (f Corporations	చ్
Enclo	sed is a check for	the following am	ount:			
□ \$7	0.00 Filing Fee	S78.75 Filin Certificate	_	\$78.75 Filing Fee Certified Copy	& \$87.50 Filing Certificate of Certified Co	f Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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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.

First National Title Insurance Company (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"				
"Inc ," "(o.," "Corp," "Inc," "Co," or "Corp.")			
N/A				
(If name	mavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)			
Texas 2.	45-4486928 3.			
(State of 03/14/2	country under the law of which it is incorporated) (FEI number, if applicable)			
4. <u></u>	(Date of incorporation) (Date of duration, if other than perpetual)			
No busi	ess transacted in Florida to date.			
6.	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)			
2400 Dal	as Parkway, Suite 580, Plano, TX 75093			
***************************************	(Principal office address)			
Same as	bove			
	(Current mailing address, if different)			
8. Name a	nd street address of Florida registered agent: (P.O. Box NOT acceptable)	<u>.</u> –n		
N	Douglas A. Mang (Mang & Santurri, P.A.)	, 		
Office Ad	ress: 660 E. Hefferson State B. MONT DR. EAST	LL		
	1 diffiliazzes	<u>.</u>		
	(Civ)			
Having be	red agent's acceptance: In named as registered agent and to accept service of process for the above stated corporation at the place	·		
further ag	in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. see to comply with the provisions of all statutes relative to the proper and complete performance of my I am familiar with and accept the obligations of my position as registered agent.	1		
	Was for a Mans			
	(Regiltered agent's signature)			

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS William Charles Shaddock Chairman: 2400 Dallas Parkway, Suite 560 Address: Plano, TX 75093 None Vice Chairman: Address: _ John Christopher Phillips Director: 2400 Dallas Parkway, Suite 580 Address: Plano, TX 75093 Patrick Gordon McMillan, Jr. Director: 2400 Dallas Parkway, Suite 560 Address: Plano, TX 75093 **B. OFFICERS** John Christopher Phillips President: 2400 Dallas Parkway, Suite 580 Address: Plano, TX 75093 See attached list Vice President: Raymond Reece Secretary: 2400 Dallas Parkway, Suite 580, Plano, TX 75093 Address: Patrick Gordon McMillan, Jr. Treasurer: 2400 Dallas Parkway, Suite 560, Plano, TX 75093 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Raymond Rece Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. Raymond Reece, Chief Financial Officer and Secretary (Typed or printed name and capacity of person signing application)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

11A. Other Directors:

William Charles Shaddock, Jr. 2400 Dallas Parkway, Suite 560 Plano, TX 75093

Mark Evan Mitchell 7800 Dallas Parkway, Suite 330 Plano, TX 75024

11B. Other Officers:

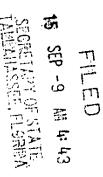
George Stablein Executive Vice President 2400 Dallas Parkway, Suite 580 Plano, TX 75093

Geri Strueby Hosterman Senior Vice President & Agency Manager 2400 Dallas Parkway, Suite 580 Plano, TX 75093

Suzanne Davis-Tinsley
Vice President & Texas Agency Manager
2400 Dallas Parkway, Suite 580
Plano, TX 75093

Donald O'Conner Horn Vice President & National Agency Manager 2400 Dallas Parkway, Suite 580 Plano, TX 75093

David Michael Hays
Vice President & Underwriting Counsel
2400 Dallas Parkway, Suite 580
Plano, TX 75093



Ellen Wied Vice President & Underwriting Counsel 2400 Dallas Parkway, Suite 580 Plano, TX 75093

NolaAnn Waggoner Vice President & Underwriting Counsel 2400 Dallas Parkway, Suite 580 Plano, TX 75093

Errin Hassell Froggatt Vice President & Operations Manager 2400 Dallas Parkway, Suite 580 Plano, TX 75093



Applicant Name:	FIRST	NATIONAL	TITLE	INSURA	NCE	COMPANY	7

NAIC No.	14240				
FEIN	45-4486928				

Uniform Certificate of Authority Application (UCAA) Certificate of Compliance

Office of Department of Insurance
(Commissioner, Superintendent, Officer)
ereby certify that I am the*
State of Texas
tate and as such I hereby certify that
TITLE INSURANCE COMPANY
ame of Insurer)
is duly organized under the laws of said State and
24 -
- 9
(Lines of Insurance)*
y hand at Austin, Texas (Location)
, ,
Leff Hunt
Jeff Hunt (Printed Name)
1

* Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.

** Lines of Insurance as shown on Form 3 of UCAA

(rev)E