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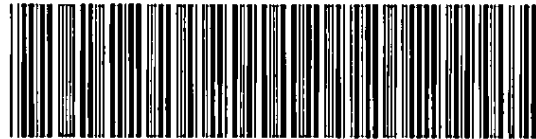
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M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Service Lloyds Insurance Company, A Stock Company

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Adam Goldberg, Esq.

Name of Person

Arent Fox LLP

Firm/Company

1717 K Street, NW

Address

Washington, DC 20006

City/State and Zip code

adam.goldberg@arentfox.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Goldberg, Esq.

212

350-3758

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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.*

Service Lloyds Insurance Company, A Stock Company

1. _____
(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. Texas 3. 74-2227733
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 21, 1982 5. _____
(Date of incorporation) (Date of duration, if other than 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. 6907 N. Capital of Texas Hwy, Suite 370, Austin, TX 78731
(Principal office address)

P.O. Box 26800, Austin, TX US 78755

(Current mailing address, if different)

8. 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, 33324
(City) , Florida (Zip code)

9. 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: James H. Tanks III
Assistant Secretary
(Registered 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

Please see the attached addendum, which lists all directors.

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

Please see the attached addendum, which lists all officers.

President: _____

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.

12. Gary L. Spring _____

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.

13. Gary Lynn Spring, Secretary

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

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UNIFORM CERTIFICATE OF AUTHORITY APPLICATION (UCAA)

**Management Information Form
Complete Listing of Incorporators*, Officers
Directors and Shareholders (10% or more)**

Address for all Officers and Directors:

**6907 N. Capital Of Texas Hwy, Suite 370
Austin, TX 78731**

Incorporators*	Titles:	Ownership Percentage:
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Officers:

J. Kelly Gray	Chairmen of the Board and Chief Executive Officer of Service Lloyds Insurance Company, A Stock Company ("SLIC") and Service American Indemnity Company ("SAIC")	
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Martin J. Charles Jenns	President of SLIC	
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W. Brad Davis	CFO of SLIC	
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G. Steven Collier	Vice President, and COO of SLIC	
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Jan K. Kearbey	Chief Marketing Officer of SLIC	
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Terry Eliassen	Vice President of Claims of SLIC	
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Gary L. Spring, Jr	Secretary and Treasurer of SLIC	
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Directors:

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OF THE STATE OF TEXAS

J. Kelly Gray	Chairmen of the Board and Chief Executive Officer of SLIC and SAIC
---------------	--

Martin J. Charles Jenns	Director and President of SIHI, SAIC and SLIC
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W. Brad Davis	Director of SIHI, SAIC and SLIC
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G. Steven Collier	Director of SLIC
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Gary L. Spring, Jr	Director of SIHI, SAIC and SLIC
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Scott Booth	Director of SLIC
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Cosmo Palmieri	Director of SLIC
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Shareholders:

Service Insurance Holdings, Inc. ("SIHI")	Sole Shareholder of SLIC	100%
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J. Kelley Gray	Shareholder of SIHI	33.33%
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Janey Gray Trowbridge	Shareholder of SIHI	33.33%
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Jo Ann Gray Smith	Shareholder of SIHI	33.33%
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* Primary Application Only

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 OFFICE OF THE
 ATTORNEY GENERAL

Texas Department of Insurance

Certificate of Authority

License no. 13765866

Licensed since: May 21, 1982

Department Certification

Service Lloyds Insurance Company, a stock company
(domestic stock fire and casualty company)
organized under the laws of the state of Texas

This entity has complied with the laws of the state of Texas, as applicable, and is authorized to transact the following lines of insurance:

Accident, Aircraft Liability, Aircraft Physical Damage, Allied Coverages, Auto Physical Damage, Automobile Liability, Boiler & Machinery, Burglary & Theft, Credit, Employers' Liability, Fidelity & Surety, Fire, Forgery, Glass, Hail, Health, Inland Marine, Liability Other than Auto, Livestock, Ocean Marine, Rain, Workers Comp and Emp Liability


This certificate of authority is in full force and effect until it is revoked, canceled, or suspended according to law.

Given under my hand and official seal of office
in the city of Austin,

December 13, 2018

KENT C. SULLIVAN
COMMISSIONER OF INSURANCE

BY


Eljio Salas, Associate Commissioner
Company Licensing and Registration
Commissioner's order no. 3632





PO Box 149104 | Austin, TX 78714 | 1-800-578-4677 | tdi.texas.gov

June 18, 2019

Adam Goldberg
Arent Fox LLP
1717 K St. NW
Washington, DC 20006-5344

RE: Letter of Good Standing for Service Lloyds Insurance Company, a stock company

Dear Adam:

Service Lloyds Insurance Company, a stock company has requested that the Texas Department of Insurance issue a Letter of Good Standing in relation to the company's license as an insurer in the state of Texas. In response to this request, the Texas Department of Insurance hereby confirms the following:

1. Service Lloyds Insurance Company, a stock company has been licensed in the state of Texas since May 21, 1982
2. Service Lloyds Insurance Company, a stock company is licensed as a fire and casualty company in the state of Texas.
3. Service Lloyds Insurance Company, a stock company's Texas certificate of authority is in full effect and will remain in full effect until it is revoked, canceled or suspended. See attachment.
4. Service Lloyds Insurance Company, a stock company reported a capital and surplus of \$129,760,727 as of December 31, 2017 on the company's latest annual statement. This amount is in excess of the required statutory minimum.

None of the information above may be construed as to limit or prevent the Texas Department of Insurance's ability to initiate or take action, under applicable law, for any violation of the Texas Insurance Code or related regulations.

If there are any further questions or concerns, please let me know. I can be reached at 512-676-6375 or CompanyLicense@tdi.texas.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeff Hunt", is written over a horizontal line.

Jeff Hunt
Assistant Deputy Commissioner
Company Licensing and Registration Office
Commissioner's Order No. 10-1042

Applicant Company Name: Service Lloyds Insurance Company, a stock company

NAIC No. 43389
FEIN 74-2227733

**Uniform Certificate of Authority Application (UCAA)
CERTIFICATE OF COMPLIANCE**

State of Texas
(Domiciliary State of Applicant Company)

Office of Department of Insurance
(Commissioner, Superintendent, Officer)

I, Jeff Hunt, hereby certify that I am the Assistant Deputy Commissioner of Financial
(Name) (Position)

Regulation * of the State of Texas and have supervision of insurance business in said State and as such.

I hereby certify that

Service Lloyds Insurance Company, a stock company
(Name of Applicant Company)

of AUSTIN, Texas is duly organized under the laws of said state and
(City/State)

is authorized to transact the business of

Accident, Aircraft Liability, Aircraft Physical Damage, Allied Coverages, Auto Physical Damage, Automobile
(Lines of Insurance)**

Liability, Boiler & Machinery, Burglary & Theft, Credit, Employers' Liability, Fidelity & Surety, Fire, Forgery,

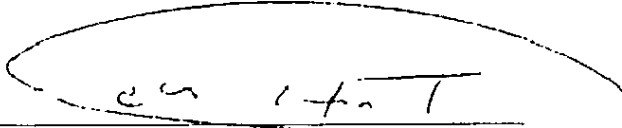
Glass, Hail, Health, Inland Marine, Liability Other than Auto, Livestock, Ocean Marine, Rain, and Workers Comp

and Emp Liability

insurance in this state.

IN TESTIMONY WHEREOF, I have hereunto set my hand at Austin, Texas
(Location)

on June 18, 2019


(Signature)

Jeff Hunt
(Printed Name)

* 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

