

F20000004247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

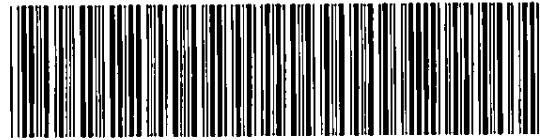
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2020 OCT -1 PM 2:05

DEPT. OF REVENUE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

FILED

20 OCT -1 PM 5:49

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 442635 8209622

AUTHORIZATION :

Signature

COST LIMIT : \$ 87.50

ORDER DATE : September 30, 2020

ORDER TIME : 12:04 PM

ORDER NO. : 442635-005

CUSTOMER NO: 8209622

FOREIGN FILINGS

NAME: WILLIS TOWERS WATSON INSURANCE
SERVICES WEST, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Willis Towers Watson Insurance Services West, Inc.

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:

Name of Person

Firm/Company

Address

City/State and Zip code

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

For further information concerning this matter, please call:

Name of Person

at ()
Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

20 OCT -1 PM 5:49

**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. Willis Towers Watson Insurance Services West, 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. 94-1676375
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/21/1968 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 525 Market Street, Suite 3400, San Francisco CA 94105
(Principal office street address)

c/o Heather Naaktgeboren, 26 Century Blvd, Ste 101, Nashville, TN 37214
(Current mailing address, if different)

8. 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)

20 OCT - 1 PM 5:49

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.

Corporation Service Company

By: _____

(Registered agent's signature)

Amanda Robinson
Asst. Vice President

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors {up to six (6) total}:

A. DIRECTORS

☐ Chairman Name: See attached list.

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

20 OCT - 1 PM 5:49

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. [Signature] 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. Heather D. B. Naaktgeboren, Secretary
(Typed or printed name and capacity of person signing application)

Willis Towers Watson Insurance Services West, Inc.

Appointments

Appointed as

Director and Executive Vice President

Director

Director

President and Chief Executive Officer

Secretary

Assistant Secretary

Treasurer

Assistant Treasurer

Executive Vice President

Executive Vice President

Executive Vice President

Executive Vice President

Executive Vice President

Vice President

Vice President

Vice President

Vice President and Assistant Treasurer

Appointed person

Collins Schmidt, Patricia (Tricia)

Liss, Michael

Oliver, Darlene

Littlejohn, Alexandra

Naaktgeboren, Heather D. B.

Adams, Erin

Coggin, Derrick

Rigger, William

Bergmann, Melody K.

Chappell, Jay

Connelly, Michael

Schake, Eric

Miceli, Katelyn E.

Hu, Susan

Murphy, Holly Gay

Smartt, J. Ammon

Trentham, Barbara

Address

775 Yard St, Ste 200, Columbus, OH 43212
233 S Wacker Drive, Ste 2000, Chicago, IL 60606
26 Century Blvd, Ste 101, Nashville, TN 37214
525 Market St, Ste 3400, San Francisco, CA 94104
26 Century Blvd, Ste 101, Nashville, TN 37214
26 Century Blvd, Ste 101, Nashville, TN 37214
26 Century Blvd, Ste 101, Nashville, TN 37214
26 Century Blvd, Ste 101, Nashville, TN 37214
500 N. Akard St, Dallas TX 75201
500 N. Akard St, Dallas TX 75201
2000 S Colorado Blvd, Tower II, Ste 900, Denver, CO 80222
500 N. Akard St, Dallas TX 75201
100 Matsonford Rd, Bldg 5, Ste 200, Radnor PA 19087
200 Liberty Street, FL 7, New York, NY 10281
26 Century Blvd, Ste 101, Nashville, TN 37214
26 Century Blvd, Ste 101, Nashville, TN 37214
26 Century Blvd, Ste 101, Nashville, TN 37214



Secretary of State Certificate of Status

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

Entity Name: WILLIS TOWERS WATSON INSURANCE SERVICES WEST, INC.
File Number: C0551667
Registration Date: 08/21/1968
Entity Type: DOMESTIC STOCK CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of September 29, 2020 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, 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 September 30, 2020.

A handwritten signature in black ink, reading "Alex Padilla".

ALEX PADILLA
Secretary of State

Certificate Verification Number: ZBV481R

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.