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CLERK OF THE STATE
TALLAHASSEE, FL

S. HAWKES
NOV -9 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Incline National Insurance 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:

Teresa Pacheco

Name of Person

Incline National Insurance Company

Firm/Company

13215 Bee Cave Parkway, Suite B-150

Address

Austin, Tx. 78738

City/State and Zip code

tpacheco@inclinepc.com ✓

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

For further information concerning this matter, please call:

Teresa Pacheco

at (737) 615-4687

Name of Person

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

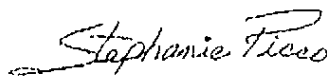
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

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. Incline National Insurance Company
(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. 95-3072379
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. October 28, 1974 5. Perpetual
(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. 13215 Bee Cave Parkway, Suite B-150, Austin, Tx. 78738
(Principal office street address)
- _____
(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, Florida 33324
(City) (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.



(Registered agent's signature) Stephanie Picco, Assistant Secretary

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.

FILED
2010 OCT 3 PM 10:19
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

☐ Chairman Name: Christopher A. McClellan
☐ Vice Chairman Address: 13215 Bee Cave Parkway
☐ Director Suite B-150
☒ President Austin, Tx. 78738
☐ Vice President _____
☒ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Michael G Toole
☐ Vice Chairman Address: 13215 Bee Cave Parkway
☐ Director Suite B-150
☐ President Austin, Tx. 78738
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Officer ☐ Other _____

☐ Chairman Name: Brian E. Freeman
☐ Vice Chairman Address: 13215 Bee Cave Parkway
☐ Director Suite B-150
☐ President Austin, Tx. 78738
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Anthony Urban
☐ Vice Chairman Address: 13215 Bee Cave Parkway
☐ Director Suite B-150
☐ President Austin, Tx. 78738
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Officer ☐ Other _____

☐ Chairman Name: Joseph A. Halbrook
☐ Vice Chairman Address: 13215 Bee Cave Parkway
☐ Director Suite B-150
☐ President Austin, Tx. 78738
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chief Legal Officer ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

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. Christopher A. McClellan President & CEO and Secretary
(Typed or printed name and capacity of person signing application)



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: INCLINE NATIONAL INSURANCE COMPANY
File Number: C0740266
Registration Date: 10/28/1974
Entity Type: DOMESTIC STOCK CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of October 28, 2021 (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 October 29, 2021.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: R9N8W6R

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