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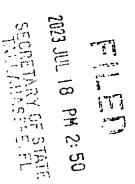
(Constant Name)				
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
(Only State Ziph Holle #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Filing Officer.				
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Georgia Builde	rs Insurance Com	pany		
		n - must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Fo "Certificate of Existence," or "Co above referenced foreign corpora	ertificate of Good Star	nding" and check are sub-		
Please return all correspondence	concerning this matte	r to the following:		
Mara Buffington, Senior Pa	ralegal & Complia	nce Specialist		
	Name of	Person		
Builders Insurance Group,	lnc.			
	Firm/Con	npany		
2859 Paces Ferry Road, St	uite 1400			
	Addr	ess		
Atlanta, GA 30339				
	City/State a	and Zip code		
mbuffington@bldrs.com				
E-mai	l address: (to be used	for future annual report n	otification)	
For further information concerning	ng this matter, please	call:		
		000 4007		
Mara Buffington Name of Person	at (<u>678</u> Area Coo	de Davtime Teleph	ana Numbur	
ivaline of a cisoti	Area Coc	de Daytime (etepi	ione ixtimoer	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration So Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
-	RIDA DEPARTMEN	F OF STATE □ \$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.

2. Delaware		ate name adopted for the purpose of transaction 3. 88-2149130	ng business in riorida)	_
(State or countr	y under the law of which it is incorpo	orated) (FEI number, if a	pplicable)	
4. 04/26/2022		5		_
(Date	of incorporation)	5 (Date of duration, if other	than perpetual)	
6				_
	(Date first transacted b (SEE SECTIONS 607.1501	usiness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liabil	lity)	-
7. 2859	Paces Ferry Road, Suite 1400,	, Atlanta, GA 30339		
	(Prin	ncipal office street address)		-
	P.O. Box 723099, Atla	nta, GA 31139-0099	() 	
	(Curre	ent mailing address, if different)		
8 Name and stree	et address of Florida registered age	ent: (P.O. Box, NOT acceptable)	JUL I	27 E E E E E E E E E E E E E E E E E E E
Name:	Chief Financial Officer		37.75 FA 05.75 FA 8	
Office Address:	200 E. Gaines Street			
	Tallahassee	, Florida 32399	50	
	(City)	(Zip code)		
Having been nam designated in this further agree to c	application, I hereby accept the comply with the provisions of all s	ept service of process for the above state appointment as registered agent and agr tatutes relative to the proper and comple of my position as registered agent.	ree to act in this capa	city. I

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

under the law of which it is incorporated.

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

A. DIRECTORS							
□ Chairman	Name: Todd Campbell	□Chairman	Name: J. Stephen Berry				
□Vice Chairman	Address: 2859 Paces Ferry Road	□Vice Chairman	Address: 2859 Paces Ferry Road				
□Director	Suite 1400	□Director	Suite 1400				
☑President	Atlanta, GA 30339	□President	Atlanta, GA 30339				
□Vice President		□ Vice President					
□Secretary	□Treasurer	✓Secretary	□Treasurer				
□Other	Other	□Other	Other				
□Chairman	Name: Shawn A. Stinson	□ Chairman	Name: Mark Gromek				
□Vice Chairman	Address: 2859 Paces Ferry Road	□Vice Chairman	Address: 2859 Paces Ferry Road				
⊋Director	Suite 1400	☑Director	Suite 1400				
□President	Atlanta, GA 30339	□President	Atlanta, GA 30339				
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other	□Other	Other	Other				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	☐ Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary	□Treasurer				
□Other	□Other	□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 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.

3. Stephen Berry, Sr Vice President, General Counsel and Secretary



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GEORGIA BUILDERS INSURANCE COMPANY" IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF JUNE,

A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GEORGIA BUILDERS INSURANCE COMPANY" WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Authentication: 203658205

Date: 06-29-23