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C T CORPORATION SYSTEM
Requestor's Name
660 East Jefferson Street
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Tallahassee, Florida 32301
City State Zip Phone
904-222-1092

CORPORATION(S) NAME

600001618346
-10/24/95--01017--021
*****70.00 *****70.00

Payment Protection Insurance Agency, Inc.

- ☒ Profit
☐ NonProfit
☐ Limited Liability Company
☒ Foreign
☐ Amendment
☐ Merger
☐ Dissolution/Withdrawal
☐ Mark
☐ Limited Partnership
☐ Annual Report
☐ Other
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DIVISION OF CORPORATION

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. Payment Protection Insurance Agency, Inc.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or
abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person
or partnership if not so contained in the name at present.)

2. California

(State or country under the law of which it is incorporated)

3. 33-0364499

(FEI number, if applicable)

4. June 22, 1989

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))

7. 6 Hutton Centre Drive #300, Santa Ana, California 92707

(Current mailing address)

8. acts as a general agent for automobile credit and physical damage insurance products
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of
Florida)

9. Name and street address of Florida registered agent:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine
Island Road

Plantation, Florida, 33324
(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T Corporation System

[Signature]
(Registered agent's signature) (Officer)

D. F. Hickey, Asst. Secretary
(Type Name and Title of Officer)

11. 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.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Lloyd R. Andersen

Address: 6 Hutton Centre Drive #300

Santa Ana, California 92707

Vice Chairman: _____

Address: _____

Director: Gregory P. Smith

Address: 6 Hutton Centre Drive #300

Santa Ana, California 92707

Director: _____

Address: _____

B. OFFICERS

President: see attached list of officers

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.

13.  _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Paul M. Cate, Vice President _____
(Typed or printed name and capacity of person signing application)

**Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida**

**Officers of
Payment Protection Insurance Agency, Inc.**

1. Lloyd R. Andersen, Chairman/CEO
6 Hutton Centre Drive #300
Santa Ana, California 92707
2. Gregory P. Smith, Chief Administrative Officer/Asst. Secy.
6 Hutton Centre Drive #300
Santa Ana, California 92707
3. Paul M. Cate, Senior Vice President/CFO/Secretary
6 Hutton Centre Drive #300
Santa Ana, California 92707
4. Eric P. Andersen, Vice President-Sales
6 Hutton Centre Drive #300
Santa Ana, California 92707

State of California

SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, **BILL JONES**, Secretary of State of the State of California, hereby certify:

That on the 21st day of June, 1988

PAYMENT PROTECTION INSURANCE AGENCY, INC.

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this
20th day of October, 1995



Bill Jones
BILL JONES
Secretary of State

95 OCT 24 PM 1:32
SECRETARY OF STATE
DIVISION OF CORPORATIONS