

Florida Department of State
Division of Corporations
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Division of Corporations
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SECRETARY OF STATE
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Foreign Limited Liability Company
LEXISNEXIS INSURANCE EXCHANGE LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

J. BRYAN

APR 22 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LexisNexis Insurance Exchange LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company 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)

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For further information concerning this matter, please call:

_____ Name of Person	at (_____) _____ Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. LexisNexis Insurance Exchange LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-1954200

(PEI number, if applicable)

4. 12/01/2010

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 1000 Alderman Drive, Alpharetta, GA 30005

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

SEE ATTACHMENT

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida:

Software application provider for agents and brokers

Renee Simonon, authorize representative
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S.)

Renee Simonon

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

MEMBERS

LexisNexis Risk Solutions Inc., 1000 Alderman Drive, Alpharetta, GA 30005

MANAGERS

James M. Peck	Manager	1000 Alderman Drive, Alpharetta GA 30005, United States
Meredith Sidewater	Manager	1000 Alderman Drive, Alpharetta GA 30005, United States
Henry Z. Horbaczewski	Manager	125 Park Avenue, 23rd Floor, New York NY 10017, United States
Jeffrey J. Glazer	Manager	1000 Alderman Drive, Alpharetta GA 30005, United States
Kenneth Fogarty	Manager	2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458

OFFICERS and AUTHORIZED PERSONS

James M. Peck, President; 1000 Alderman Drive, Alpharetta GA 30005, United States

Jeffrey J. Glazer, Executive Vice President 1000 Alderman Drive, Alpharetta GA 30005,

Renee Simonton, Vice President 1105 N. Market Street, Fifth Floor, Wilmington DE 19801,

Henry Horbaczewski, Vice President 125 Park Avenue, 23rd Floor, New York NY 10017,

Kenneth E. Fogarty, Vice President-Financial Services & Treasurer; 2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458,

Rubi L. Iniguez, Vice President-Tax 2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458,

Meredith Sidewater, Vice President and Secretary 1000 Alderman Drive, Alpharetta GA 30005,

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

LexisNexis Insurance Exchange LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System
(Name)

1200 South Pine Island Road
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation FL 33324
City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

C T Corporation System

By: Kathy B. Belcher, Asst. Secretary
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEXISNEXIS INSURANCE EXCHANGE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF APRIL, A.D. 2011.

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

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TALLAHASSEE, FLORIDA

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You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8709551

DATE: 04-21-11