

the following statement:

Director

Director

Form No. 150 Revised: 06/11 JUN 17 2014

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

SECHOLARY OF STATE CORPORATIONS DIVE

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits

1.	The name of the corporation is Na	The name of the corporation is National Home Surety Inc.							
2.	It is incorporated under the laws of								
3.	The name, if different, which it elects to use in Rhode Island is:								
	(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company" "incorporated", or "limited" or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:								
		en set forth below the fictitious name under which the corporation will d in the "Fictitious Business Name Statement" to be filed with this							
4.	The date of its incorporation is Ap	ril 29, 2014	and the period of its duration is Perpetual						
5.	The address of its principal office is 800 Superior Ave. E., 21st floor, Cleveland, Ohio 44114								
6.	The address of its proposed registered office in Rhode Island is 222 Jefferson Boulevard, Suite 200								
	add p p		(Street Address, not P.O. Box)						
	Warwick	, RI <u>02888</u>	and the name of its proposed registered agent in Rhode Island at						
	(City/Town)	(Zip Code)							
	that address is Corporation Service Company (Name of Agent)								
,									
7.	The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:								
	Service contract provider								
8.	(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state o country of which it is incorporated).								
	<u>Name</u>	<u>!</u>	<u>Address</u>						
	Director please see attached								
	Director Q.E	59 Am							

				<u>Name</u>			<u>Address</u>		
	President please see attached Vice President		please see attached						
					<u> </u>				
	Tre	asurer							
	Sec	cretary							
9.	The aggregate number of shares which it has authoriand series, if any, within a class, is: Number of Shares Class		·		ed by classes, par <u>series</u>	value of shares, shares without par value, Par Value or Statement that Shares are without Par Value			
	10	0		Common	n/a		No Par Value		
10.	(a)	\$0			of the va	lue of all property	to be owned by the corporation for the		
		following year,	wherever locate	d.					
	(b)	\$_0 Island during the	e following year		of the val	ue of the corporati	on's property to be located within Rhode		
	(c)	the corporation be owned during	to be located w	ithin this state during t	he following	year bears to the	hat the estimated value of the property of value of all property of the corporation to by 100 to obtain the percentage}		
11.	(a)	\$_0 during the follow	ving year.	= An estimate	of the gro	ss amount of busi	ness to be transacted by the corporation		
	(b) \$\frac{0}{\text{or from places of business in Rhode Island during the following year.}} = An estimate of the gross amount of business to be transacted by the corporation at the following year.								
	(c)	transacted by the thereof which we the percentage)	ne corporation a fill be transacted	it or from places of bus	siness in th	is state during the	that the gross amount of business to be following year bears to the gross amount to (b) by (a) and multiply by 100 to obtain		
12.	 This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated. 								
13.	This	s Application for (Certificate of Au	thority shall be effective	upon filing	unless a specified	date is provided which shall be no later		
	thar	the 90th day aft	er the date of th	is filing		<u>'</u>			
Date	e: <u>J</u>	une 16,20)IY		Application	for Certificate of s, and that all str	clare and affirm that I have examined this Authority, including any accompanying atements contained herein are true and dized Officer of the Corporation		
					Janie Clar	k, Assistant Secr	etary		
						Type or Print Nar	ne of Authorized Officer		

OFFICERS/DIRECTORS RIDER

NATIONAL HOME SURETY INC.

List of Officers

Name: Stuart Hollander

Title: President

Business Address:

59 Maiden Lane, 43rd Floor, New York, NY 10038

Name: Stephen B. Ungar

Business Address:

Title: Secretary

59 Maiden Lane, 43rd Floor, New York, NY 10038

Name: Harry Schlachter

Business Address:

Title: Treasurer

59 Maiden Lane, 43rd Floor, New York, NY 10038

Name: Steve Knapp

Business Address:

Title: Chief Financial Officer

800 Superior Ave. E., 21st Floor, Cleveland, Ohio 44114

Name: Barry W. Moses

Business Address:

Title: Vice President

800 Superior Ave. E., 21st Floor, Cleveland, Ohio 44114

Name: Jeff Johnson

Title: Vice President

Business Address:

800 Superior Ave. E., 21st Floor, Cleveland, Ohio 44114

Name: Janie Clark

Title: Assistant Secretary

Business Address:

800 Superior Ave. E., 21st Floor, Cleveland, Ohio 44114

List of Directors

Name: Harry Schlachter

Term: December 31, 2999

Business Address:

59 Maiden Lane, 43rd Floor, New York, NY 10038

Name: Stephen Barry Ungar

Business Address:

Term: December 31, 2999

59 Maiden Lane, 43rd Floor, New York, NY 10038

Name: Stuart Hollander

Term: December 31, 2999

Business Address:

59 Maiden Lane, 43rd Floor, New York, NY 10038

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NATIONAL HOME SURETY INC." 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-THIRD DAY OF MAY,
A.D. 2014.

2014 JUN - 4 AM IN: 00

5525511 8300

140696127

AUTHENTICATION: 1398346

DATE: 05-23-14

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



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

