

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

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 the following statement:

| 3 10110 | wii iy stat | ement. | | | | | | |
|--|--|---|---|--|---|--|--|--|
| The name of the corporation is Ocwen Financial Insurance Services, Inc. It is incorporated under the laws of Delaware | | | | | | | | |
| | | | | | | | | |
| (a) | "incorpo | corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will y and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this | | | | | | |
| (b) | qualify a | | | | | | | |
| The | date of it | s incorporation is04/ | 29/2015 | | and the period of its duration is Perpetual | | | |
| The address of its principal office is 1000 Abernathy Road, NE, Suite 210, Atlanta, GA 30328 | | | | | | | | |
| The | address | of its proposed registered o | ffice in Rho | de Island is | 450 Veterans Memorial Parkway, Suite 7A | | | |
| •••• | | or no proposed registered e | | 40 10,410 10 | (Street Address, not P.O. Box) | | | |
| | | East Providence | , RI | | and the name of its proposed registered agent in Rhode Island at | | | |
| | | | | (Zip Code) | | | | |
| that | address i | s CT Corporation System | | | | | | |
| | | | | (Nam | e of Agent) | | | |
| 7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Insurance Agency handling property and casualty lines bu | | | | | | | | |
| | | | es of its di | rectors (op | tional unless directors are required under the laws of the state or | | | |
| | | <u>Name</u> | | | <u>Address</u> | | | |
| Direc | ctor : | SEE ATTACHMENT | | | | | | |
| Direc | ctor _ | | | | | | | |
| Direc | otor _ | | | | | | | |
| Direc | tor _ | ······································ | | .1-78 | | | | |
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| | | ine | MAY 2 | 1 ZU15, | | | | |
| | The (a) Court Capired Direct Direct Form Revise | The name of it is incorporate in it is incorporate | It is incorporated under the laws of Del The name, if different, which it elects to (e) If the name of the corporation in "incorporated", or "limited" or an a above corporate endings for use in a above corporate endings for use in a above corporate name is not available qualify and transact business in Reapplication: The date of its incorporation is | The name of the corporation is Ocwen Financial In it is incorporated under the laws of Delaware The name, if different, which it elects to use in Rho (a) If the name of the corporation in its jurisding "incorporated", or "limited" or an abbreviation above corporate endings for use in Rhode Island (b) If the corporate name is not available in Rhode qualify and transact business in Rhode Island application: The date of its incorporation is 04/29/2015 The address of its principal office is 1000 Abernathy The address of its proposed registered office in Rho East Providence (City/Town) that address is CT Corporation System The purpose or purposes which it proposes to pursue Insurance Agency handling (a) The names and respective addresses of its dicountry of which it is incorporated). Name Director Director Director Director Form No. 150 Revised: 08/11 | The name of the corporation is Ocwen Financial Insurance Set It is incorporated under the laws of Delaware The name, if different, which it elects to use in Rhode Island is (a) If the name of the corporation in its jurisdiction of inc "incorporated", or "limited" or an abbreviation thereof, the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island as stated application: The date of its incorporation is 04/29/2015 The address of its principal office is 1000 Abernathy Road, NE, The address of its proposed registered office in Rhode Island is East Providence RI 02914 (Zip Code) that address is CT Corporation System (Nam Insurance Agency handling prop (a) The names and respective addresses of its directors (opticularly of which it is incorporated). Name Director SEE ATTACHMENT Director Director Form No. 150 Revised: 06/11 | | | |

RI039 - 08/20/2013 C T Filing Manager Online

| | | | | <u>Name</u> | | <u>Address</u> |
|------|-------|---------------------|----------------------------|---|-------------------------------|---|
| | Pr | esident | SEE AT | SEE ATTACHMENT | | |
| | Vi | ce President | | | | |
| | | easurer | | | | |
| | | | | | | |
| | 56 | cretary | | | | |
| 9. | Th | e aggregate num | ber of share: | which it has authority to is | sue; itemized by classes, p | par value of shares, shares without par value |
| | an | d series, if any, w | | | | Par Value or Statement that |
| | | Number of Sha | res | <u>Class</u> | <u>Series</u> | Shares are without Par Value |
| | 1,0 | 000 . | · | Common | | \$1.0000 |
| | | | - | | | |
| | | | | | | |
| 10 | (a) | \$ 0 | | = An estimate | of the value of all proper | ty to be owned by the corporation for the |
| | . (4) | following year, | wherever loc | ated. | of the value of all proper | ty to be owned by the corporation for the |
| | (b) | \$ 0 | <u> </u> | = An estimate | of the value of the corpora | ation's property to be located within Rhode |
| | | Island during the | e following ye | ear. | | • |
| | (c) | the corporation | % = An et | stimate, expressed as a pe | rcentage, of the proportion | that the estimated value of the property of the corporation to |
| | | be owned during | the following | g year, wherever located. { | divide (b) by (a) and multipl | ie value of all property of the corporation to by by 100 to obtain the percentage |
| 11. | (a) | \$ | | = An estimate | of the gross amount of bus | siness to be transacted by the corporation |
| | | during the follow | ing year. | | , | · |
| | (b) | \$ | S buratana i- | = An estimate of | of the gross amount of busi | ness to be transacted by the corporation at |
| | | 1.0 | | Rhode Island during the fo | - • | |
| | (c) | | % = An es e conocration | stimate, expressed as a po n at or from places of busi | ercentage, of the proportion | n that the gross amount of business to be e following year bears to the gross amount |
| | | thereof which wi | ll be transac | ted by the corporation duri | ng the following year. {div | ide (b) by (a) and multiply by 100 to obtain |
| 12. | This | application is ac | companied | by a certificate of Good Si | anding issued by the prop | er officer of the state or country under the |
| | laws | of which it is inc | orporated. | • | , p | |
| 13. | This | Application for C | ertificate of A | Authority shall be effective o | ipon filing unless a specifie | d date is provided which shall be no later |
| | than | the 90th day after | r the date of | this filing | | |
| | | | | | | |
| | | | | Ui Ar | nder penalty of perjury, I de | eclare and affirm that I have examined this f Authority, Including any accompanying |
| | | | | at | achments, and that all st | tatements contained herein are true and |
| | | | | co | mect. | |
|)ate | ٠. | MAY 5, 6 | 1015 | | Peas C | tel |
| | | | | _ | Signature of Author | rized Office of the Corporation |
| | | | | | | |
| | | | | Da | ter S. Oglesby, President | |

Ocwen Financial Insurance Services, Inc.

Business Address:

1000 Abernathy Road, NE, Suite 210 Atlanta, GA 30328 561-682-7937

Officers

| Name | Title |
|-----------------|-----------------|
| Peter S Oglesby | President/CEO |
| Amy M Winslett | Vice President |
| Lynn Almeida | Secretary |
| Erik F Koenig | Treasurer / CFO |
| Nivaldo | Chief Risk |
| Hernandez | Officer |

Directors

| Name | Title | |
|-----------------|-----------------|--|
| John Britti | Director - | |
| | Chairman | |
| Marcelo Cruz | Director - Vice | |
| | Chairman | |
| Peter S Oglesby | Director | |

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OCWEN FINANCIAL INSURANCE SERVICES, 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 TWENTIETH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5728395 8300

150720816 You may verify this certificate online at corp.delaware.gov/authver.shtml AUTHENTICATION: 2394369

DATE: 05-20-15