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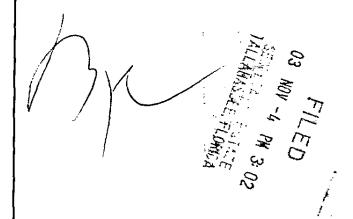
(Requestor's Name)
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PICK-UP WAIT MAIL
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ION SERVICE COMPANY**	重要
ACCOUNT NO. : 072100000032	2
REFERENCE : 301373 43194	45
AUTHORIZATION : Paris Paris	*
COST LIMIT : \$ 70.00	~V
ORDER DATE: October 29, 2003	
ORDER TIME: 10:11 AM	
ORDER NO. : 301373-005	
CUSTOMER NO: 4319445	
CUSTOMER: Ms. Christine D. Greb — Arthur J. Gallagher & Co. Two Pierce Place — The Gallagher Centre Itasca, IL 60143	
FOREIGN FILINGS	; ; ^-
NAME: RISK PLACEMENT SERVICES, INC.	± + + + + + + + + + + + + + + + + + + +
XXXX QUALIFICATION (TYPE: CO)	: :
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	1

CONTACT PERSON: Sara Lea -- EXT# 1114

CERTIFICATE OF GOOD STANDING

CERTIFIED COPY
PLAIN STAMPED COPY

EXAMINER:

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

,		LOWING IS SUBMITTED TO TATE OF FLORIDA.
IN COMPLIANCE WITH SECTION 607.1503, FLORID	A STATUTES, THE FOL	LOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSAC	CT BOSINESS IN THE S	TATE OF FLORIDA.
1. Risk Placement Services, Inc.	4.	
(Enter name of corporation; must include "INCORPORAT	ED," "COMPANY," "CO	DRPORATION,"
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")		
		· ·
		等市 2
(If name unavailable in Florida, enter alternate corporate na	ame adopted for the purpos	e of transacting business in Florida)
	عر ن	-
2. Illinois  (State or country under the law of which it is incorporated)	_3. <u></u>	umber, if applicable)
(State of country under the law of which it is incorporated)	(rein	uniber, ii appricable)
	5. Perpetual	<u> </u>
(Date of incorporation)	(Duration: Year corp	will cease to exist or "perpetual")
6. Upon Qualification	<u>-</u>	<u>;</u>
(Date first transacted business in Florida. If corporation has	s not transacted business in	Florida, insert "upon qualification.")
	1501, 607.1502 and 817.15	
7. Two Pierce Place, Itasca, IL 60143	4.5	1
(Principal office	address)	
, <u>-</u>		1 } !
Two Pierce Place, Itasca, IL 60143		1.3
(Current mailing	address)	
8. Insurance Agency and Brokerage		<u> </u>
(Purpose(s) of corporation authorized in home state of	or country to be carried out	in state of Florida)
9. Name and street address of Florida registered ager	nt: (P.O. Box or Mail D	on Box NOT acceptable)
<u> </u>	(4 1 0 1 1 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
Name: Corporation Service Company	· -	i.
000 411 7 7 2 2 2 2 2 2		<u>;</u>
Office Address: 1201 Hays Street	wanted.	!
Tallahassee	Florida 3230:	1
(City)		code)
· •	, <u>-</u>	
10. Registered agent's acceptance:		
Having been named as registered agent and to accept so		
designated in this application, I hereby accept the apport further agree to comply with the provisions of all statute		
and I am familiar with and accept the obligations of my		
<u> </u>		- ; r
Corporation Service Company	( )-	:
Mr. Lomas (		
Registered agent's signati	ure)	
Wroppiere about a signatu	/	f

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 business addresses of officers and/or directors:

Chairman: See attac	hed officers/directo	rs rider		<b>]</b>	
Address:	<u></u>			. 14	
	<u> </u>			]	<u></u>
Vice Chairman:			<u> </u>		
Address:	. <u> </u>		3.4.	Ì.,	<del></del>
	<del></del>		· · · · · · · · · · · · · · · · · · ·	,   T 	
Director:					
Address:	<u> </u>		4	Tage of the state	
<del></del>	<u> </u>	<u> </u>	44	14	
Director:		-	*ic-		
Address:				<u> </u>	
			**	₩.* 	<u> </u>
B. OFFICERS					
President: See attacl	hed officers/director	rs rider 🕮	~	- le	
		<del>-</del>			
	<del></del>			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
		-		·   .	
	2-4				
<del>, , , , , , , , , , , , , , , , , , , </del>					
			-		
				. <u> </u>	
Treasurer:		· •		- <u>i.e.</u>	
Address:			1, 24,		
NOTE: If necessary, you	ou may attach an addendum	to the application list	ing additional of	ficers and/or direc	tors.
	ure of Director or Officer lis	sted in number 12 of the	ne application)		
14 Christine D.	Greb. Assistant Sec	retarv		in y	•

(Typed or printed name and capacity of person signing application)

A. DIRECTORS

#### RISK PLACEMENT SERVICES, INC.

(Formerly International Special Risk Services, Inc.)

Incorporated:

Illinois

Date

10/05/79

% Ownership:

100% Arthur J. Gallagher & Co.

Federal ID#

36-3110841

#### **CAPITAL STOCK:**

Common

Price/Par Value: \$1.00

Authorized: Outstanding: 100,000 1,000

DIRECTORS: Joel D. Cavaness

David E. McGurn, Jr.

Director Director

**OFFICERS:** 

David E. McGurn, Jr.

Joel D. Cavaness

Linda J. Abell

Jeffrey K. McNatt

Joseph A. Nelligan

Katheryn Nelson

John R. Owens

Cynthia C. Shafer

Joel H. Stinson

Douglas K. Howell

John C. Rosengren

Peter J. Durkalski

David R. Long

Randall S. Jensen

Michael L. Goodell

Michael E. Berend

Janice Berger

Walter P. Bryce, Jr.

Gregory A. Giermak

Steven D. Goodman

Michael J.A. Kokonas

James F. Langan

D. Richard Meyer

R. Leigh Mulloy Scott A. Spangler

Karen A. Sterner

Holly D. Wilcox

David E. Williams

Janine R. Worland

Stephen T. Adair

Nathan A. Berns

Wm. Todd Dixon

James R. Duffey

Kathleen A. Izral

Area Chairman

President

Area President

Vice President - Finance

Vice President and General Counsel

Vice President

Vice President

Regional Vice President

Area Executive Vice President

Area Vice President

Area Vice President

Area Vice President Area Vice President

Area Vice President

Area Vice President

Area Vice President

Area Vice President Area Vice President

Area Vice President

Area Vice President Area Vice President

Area Vice President

Area Vice President

Area Asst. Vice President

#### RISK PLACEMENT SERVICES, INC.

Wayne Leshynski
Harold G. Miller
Melissa A. Samberg
James G. Stewart
Joseph N. Watts
Jack H. Lazzaro
Richard C. Cary
John C. Rosengren
Christine D. Greb

Area Asst. Vice President Treasurer Controller Secretary Assistant Secretary

#### Purpose of Business:

Insurance Agent and Brokerage in primarily excess, surplus and reinsurance transactions

#### Primary Address:

Two Pierce Place Itasca, Illinois 60143-3141

#### File Number

5187-258-4



### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of

OCTOBER A.D.

2003

Desse White