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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

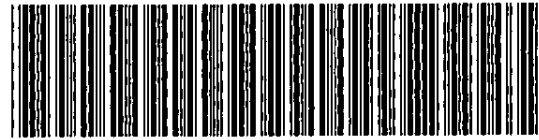
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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AND
FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Amlin Reinsurance Managers Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

James A. McKee

Name of Person

Foley & Lardner LLP

Firm/Company

106 East College Ave, Suite 900

Address

Tallahassee, FL 32301

City/State and Zip code

jmckee@foley.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James A. McKee

Name of Person

at (850) 591-5361

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

1. Amlin Reinsurance Managers Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey

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

3. 99-0378132

(FEI number, if applicable)

4. June 14, 2012

(Date of incorporation)

5. Perpetual

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

6. Upon qualification.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. One Deforest Avenue, Summit, NJ 07901

(Principal office address)

One Deforest Avenue, Summit, NJ 07901

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: James A. McKee

Office Address: 106 East College Ave, Suite 900

Tallahassee, Florida 32301

(City)

(Zip code)

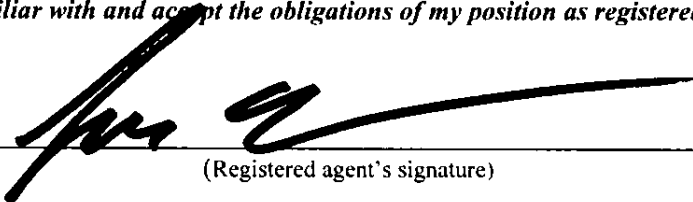
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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APPROVED
AND
FILED

9. **Registered agent's 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 obligations of my position as registered agent.



(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Andrew Springett
Address: One Deforest Avenue, Summit, NJ 07901

~~Director:~~ Anthony Foster
~~Vice Chairman:~~
Address: One Deforest Avenue, Summit, NJ 07901

Director: Paul Brauner
Address: One Deforest Avenue, Summit, NJ 07901

Director: Thomas Clementi
Address: One Deforest Avenue, Summit, NJ 07901

B. OFFICERS

President: Andrew Springett
Address: One Deforest Avenue, Summit, NJ 07901

Vice President: _____
Address: _____

Secretary: Julie McLeod
Address: One Deforest Avenue, Summit, NJ 07901

Treasurer: _____
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. ANDREW SPRUGETT PRESIDENT.
(Typed or printed name and capacity of person signing application)

APPROVED AND FILED
14 NOV -5 AM 9:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

AMLIN REINSURANCE MANAGERS INC.

0101022352

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on June 14, 2012.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

*The Corporation Trust Company
820 Bear Tavern Road
West Trenton, NJ 08628*



Certification# 134002482

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
28th day of October, 2014*

*Andrew P Sidamon-Eristoff
State Treasurer*

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp