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(Address)				
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(Cit	y/State/Zip/Phone	⇒ #)		
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(Bu	siness Entity Nar	ne)		
(Document Number)				
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COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT: Philad	lelphia Reinsurance Corpo	oration		
50b0Ec1	Name of	corporation	- must include suffix	
Dear Sir or Madam:				
"Certificate of Exist		f Good Stan	Authorization to Transac ding" and check are sub ss in Florida.	
Please return all cor Michelle Roccoforte	respondence concerning	g this matter	to the following:	
	· · · · · · · · · · · · · · · · · · ·	Name of I	Person	
Philadelphia Reinsura	ance Corporation			
		Firm/Com	pany	
350 10th Avenue, Sui	ite 1450			
		Addre	ess	
San Diego, CA 9210	1			
		City/State as	nd Zip code	
mroccoforte@bondsn	nanholdings.com			
	E-mail address:	(to be used f	for future annual report r	notification)
For further information	tion concerning this mat	tter, please c	eall:	
Michelle Roccoforte	a	619 t (866-6505	
Name of Po		Area Cod	e Daytime Telep	hone Number
Registration Division of Clifton Bui 2661 Execu	Corporations		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is a check	for the following amou	int:		
■ \$70.00 Filing Fe	ee		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &

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.

PENNSYLVAN	~	3-1620930	siness in Florida)
(State or country 09/10/1952	under the law of which it is incorporated)	(FEI number, if applica	•
(Date		(Date of duration, if other than	perpetual)
350 10th Avenue,	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150 Suite 1450, San Diego, CA 92101	Florida, if prior to registration) 2, F.S., to determine penalty liability)	
Same as above	(Principal	l office address)	31.5 17
Name and stree	t address of Florida registered agent: (P.O. Corporation Service Company	address, if different) Box NOT acceptable)	WILL -3 PM 4:) RELAWY OF SIA ANASSEE, FLOR
ffice Address:	1201 Hays Street Tallahassee	32301	37 NDA
	(City)	, Florida(Zip code)	
	ent's acceptance:	ee of process for the above stated c ent as registered agent and agree	

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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.

Grant Lippincott	Kevin Lippincott	
350 10th Avenue, Suite 1450	350 10th Avenue, Suite 1450	
San Diego, CA 92101	San Diego, CA 92101	
Rodney Eldred	Ryan O'Connor	
350 10th Avenue, Suite 1450	350 10th Avenue, Suite 1450	
San Diego, CA 92101	San Diego, CA 92101	
Patrick Denzer		
350 10th Avenue, Suite 1450		
San Diego,CA 92101		
Kristina L Castle		
350 10th Avenue, Suite 1450		
San Diego, CA 92101	3=(2)	
FICERS		
Kieran A. Sweeney	ASSE	
350 10th Avenue, Suite 1450		
San Diego, CA 92101	OTA II. 3	
resident;	***	
s:		
Michelle Roccoforte		
350 10th Avenue, Suite 1450, San Diego, CA 92101		
Michelle Roccoforte		
350 10th Avenue, Suite 1450, San Diego, CA 92101		
	e application listing additional officers and/or directors.	
Signature of I ficer or director signing this document (and who is	Director or Officer listed in number 11 above) affirms that the facts stated he submitted in a document to the Department of State const	

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

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

06/30/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Philadelphia Reinsurance Corporation

is duly registered as a Pennsylvania PA Insurance Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC170630131077-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx