



# FD1000002186

ACCOUNT NO. : 072100000032

REFERENCE : 086731 4373439

AUTHORIZATION : *Patricia Pajito*

COST LIMIT : \$ 70.00

**HJH**

ORDER DATE : March 21, 2001

ORDER TIME : 2:26 PM

ORDER NO. : 086731-020

CUSTOMER NO: 4373439

CUSTOMER: Lawrence Yip, Legal Asst  
Akin, Gump, Strauss, Hauer &  
22nd Floor  
590 Madison Avenue  
New York, NY 10022

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TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

2001 APR 24 PM 3:19

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FOREIGN FILINGS

200004065252-9

NAME: REINSUREX INTERMEDIARY INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

01 APR 24 PM 3:59  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CONTACT PERSON: Susie Knight -- EXT# 1156

EXAMINER: \_\_\_\_\_

**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. ReinsurEX Intermediary Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware  
(State or country under the law of which it is incorporated)
3. 13-4131956  
(FEI number, if applicable)
4. April 07, 2000  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  
Suite 2A, 40 West 75th Street
7. New York, NY 10023  
(Principal office address)  
  
(Current mailing address)  
Intermediate reinsurance transactions between insurance and reinsurance companies. To engage in any act or activity for which corporations may be organized.
8. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)  
Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

**10. 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.*

Corporation Service Company

By: Carol K. Dolor

(Registered agent's signature)

Carol K. Dolor-Asst. V.P.

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:

A. DIRECTORS

Chairman: See attached officers/directors rider

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: See attached officers/directors rider

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. Peter J. Crosby  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Peter J. Crosby, President

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

## **OFFICERS/DIRECTORS RIDER**

FL-Application by Foreign Corporation for Authorization

ReinsurEX Intermediary Inc.

### **List of Officers**

**Name:** Peter J. Crosby

**Title:** President

**Bus. Addr.:** c/o ReinsurEX Intermediary Inc. 40 West 75th Street, #2A, New York, NY  
10023

**Name:** Salvatore M. Tucci

**Title:** Secretary

**Bus. Addr.:** c/o ReinsurEX Intermediary Inc. 40 West 75th Street, #2A, New York, NY  
10023

### **List of Directors**

**Name:** Peter J. Crosby

**Term:** May 01, 2001

**Bus. Addr.:** c/o ReinsurEX Intermediary Inc. 40 West 75th Street, #2A, New York, NY  
10023

*State of Delaware*  
*Office of the Secretary of State*

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REINSUREX INTERMEDIARY 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 APRIL, A.D. 2001.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3208517 8300

010194590

AUTHENTICATION: 1094522

DATE: 04-23-01