

319 WEST 89TH STREET NEW YORK, NY 10024 212-362-1958 FAX 362-0665 E-Mail - SMSC@aol.com

January 8, 2002

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re:

Oriska Insurance Company

To Whom It May Concern:

300004773373--5 -01/14/02--01068--001 ******87.50 *****87.50

W02-1267

I represent Oriska Insurance Company for the purpose of applying for a license to do the business of insurance in the State of Florida. Enclosed is a completed Application for the Registration of a Foreign Corporate Name together with a Certificate of Good Standing issued by the State of New York and Oriska's check in the amount of \$87.50 made payable to the Florida Department of State.

Kindly send your letter of acknowledgement of this registration to my attention at the above address.

Thank you for your attention.

Sincerety.

Sandra M. Siegel, CPCU CF

Enclosures

FILED

02 FEB -6 M 8: 08

SECRETARY OF STATE
TAILABLESSEE TO CRESA

2/6



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 16, 2002

SMS CONSULTING 319 WEST 89TH STREET NEW YORK, NY 10024

SUBJECT: ORISKA INSURANCE COMPANY

Ref. Number: W02000001267

We have received your document for ORISKA INSURANCE COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Michael Mays Document Specialist

CHETARY

Letter Number: 702A00002198

FILED

TRANSMITTAL LETTER

TO: Registr	ation Section					• •
Divisio	n of Corporations					
SUBJECT:	ORISKA INSU					
		(Name of con	poration - m	ust include suf	fix)	
Dear Sir or Mad	lam:					
The enclosed "A "Certificate of E to transact busin	and the case of the case	eign Corporati ock are submit	on for Authorted to registe	rization to Tra	msact Business in Ferenced foreign con	lorida", poration
Please return all	correspondence co	oncerning this	matter to the	following:		
Sandra Si			_			
		(Na	me of Person	1)	<u> </u>	
SMS Consu	lting		:			
		(Fir	m/Company))		<u> </u>
319 West	89th Street					
			(Address)	<u> </u>		
New York,	NY 10024		<u>- 7</u>			
			tate and Zip		y- 65	02
For further inform	nation concerning t	his matter, ple	ease call:	r	ECHETARS	FEB-5 M
Sandra Sie		at (21	2 362-	-1958		3 5
(Name of	Person)	(A	rea Code &	Daytime Telep	hone Number)	8: 08
STREET ADDRE Registration Section Division of Corporators St. 409 E. Gaines St. Tallahassee, FL 32	on ations 2399		Registi Divisio P.O. Bo	ING ADDRES ation Section on of Corporation ox 6327 assee, FL 3231	ions	
Enclosed is a check	tor the following	amount:				
□ \$70.00 Filing Fe		iling Fee & ate of Status	S78.75	Filing Fee & d Copy	\$87.50 Filing Certificate of Certified Co	f 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.

1. ORIS	KA IN	SURANCE COMPANY					
words	or abbr	poration; must include the word "INCORPOR eviations of like import in language as will cl or partnership if not so contained in the nam	earl		_		
2. New			3.	16-1418092			
		ry under the law of which it is incorporated)		3. 16-1418092 (FEI number, if applicable)			
4. 12/1	5/198	9	5.	perpetual			
(Date of incorporation)		•	(Duration: Year corp. will cease to exist or "perpetual")				
6. Upon	qual	ification					
(Date f	īrst tran			transacted business in Florida, insert "upon qualification., 607.1502 and 817.155, F.S.)	<u>")</u>		
7. 1310	Utic	a Steet, Oriskany, NY 13424					
		(Principal office	add	ress)	-		
PO B	ox 85	5, Oriskany, New York 13424					
		(Current mailing	add	ress)	_		
		& casualty insurance company			3		
1	(Purpos	e(s) of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)	- -		
9. Name	e and <u>s</u> i	treet address of Florida registered age	nt:	(P.O. Box or Mail Drop Box NOT acceptable)	<u> </u>		
1	Name:	Corporation Service Company	<u> </u>		[:]		
Office A	.ddress:	1201 Hays Street					
		Tallahassee		,Florida <u>32301</u>			
(City)				(Zip code)			
		agent's acceptance:	· aver	ica of process for the above stated comparation at th	ia mlna s		

ng 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)

Byian Courtney, 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:	James M. Kernan			
Address: _	1310 Utica St, PO Box 855, Oriskany, New York 13424			
Director	: John T. Dillon			
Address: _	333 Gros Blvd., Herkimer, New York 13350			
Director: _	Bruce W. DiStefano			
Address:	PO Box 306, 44 Hannay Lane, Glenmont, New York12077			
Director:	William J. Fahy, Jr.			
Address:	131 Main Street, PO Box 210, Oneida, New York 13421			
B. OFFIC	ERS			
	James M. Kernan			
Address:	1310 Utica St., PO Box 855, Oriskany, New York 13424			
Vice Preside	Gerald A. Swarthout			
Address:	1310 Utica St., PO Box 855, Oriskany, New York 13424			
Secretary: _	Frank R. Talarico			
Address:	723 W. Walnut Street, Herkimer, New York 13350			
Гтеаѕигег:	Patrick J. Hart			
Address:	1008 Cornelia Street, Utica, New York 13502			
NOTE: If 1	necessary, you may attach an addendum to the application listing additional officers and/or directors.			
3	Hankeman.			
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)			
4	James M. Kernan, President and Chairman of the Board of Directors			
(Typed or printed name and capacity of person signing application)				

DIRECTORS and OFFICERS of Oriska Insurance Company w/ Business Address

12.A. <u>DIRECTORS</u>, con't from application

Director: Christopher D. Galasso

Address: 6633 Main Street, Buffalo, New York 14221

Director: Keith T. Hamlin

Address: 6135 State Rt. 55 East, Liberty New York 12754

Director: Patrick J. Hart

Address: 1008 Cornelia Street, P.O. Box 477, Utica, New York 13503-0477

Director: Lisa E. Husted

Address: 240 Genesee Street, PO Box 535, Utica, New York 13503

Director: Mary A. Kernan

Address: 40 Pine Street, Ilion, New York 13357

Director: Edward R. Penczek

Address: 12554 State Route 12, Boonville, New York 13309

Director: Gerard Romagnoli

Address: P.O. Box 186, Canastota, New York 13032

Director: Frank J. Talarico

Address: 5967 State Rt. 5, Herkimer, New York 13350

Director: Frank R. Talarico

Address: 723 W. Walnut Street, Herkimer, New York 13350

12.B. OFFICERS, con't from application

Vice

President: Bruno R. Graziano

Address: 1310 Utica Street, PO Box 855, Oriskany, New York 13424

Financial

Officer: Pamela A. Fahy

Address: 1310 Utica Street, PO Box 855, Oriskany, New York 13424

Assistant

Secretary: Sharon Z. Martin

Address: 1310 Utica Street, PO Box 855, Oriskany, New York 13424

· Certificate of Good Standing

STATE OF NEW YORK

INSURANCE DEPARTMENT

It is hereby certified that

ORISKA INSURANCE COMPANY

of Oriskany, New York

was incorporated under the Laws of the State of New York on April 27, 1990, under the title of ORISKA INSURANCE COMPANY and was licensed to transact insurance business in the State of New York on January 14, 1993.

IT IS HEREBY FURTHER CERTIFIED that the aforesaid Company is duly authorized in the State of New York to transact the business of accident and health, glass, workers' compensation and employers' liability, fidelity and surety and credit unemployment insurance as specified in the paragraph(s) 3, 8, 15, 16 and 24 of Section 1113(a) of the New York Insurance Law, and has been continuously licensed and remains in good standing to the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of this Department at the City of Albany, New York, this

31st day of December, 2001

GREGORY V. SERIO
Superintendent of Insurance
By
Special Deputy Superintendent
Special Deputy Superintendent