F03000006041

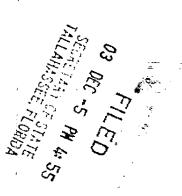
(Re	equestor's Name)
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(Cit	ty/State/Zip/Phor	ne #)
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(Bu	siness Entity Na	me)
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	





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ACCOUNT NO. ; 072100000032

REFERENCE : 346690

7382157

AUTHORIZATION

COST LIMIT :

ORDER DATE: December 4, 2003

ORDER TIME : 11:0 AM

ORDER NO. : 346690-005

CUSTOMER NO: 7382157

CUSTOMER: Ms. Ann Berry

York Claims Service, Inc.

Suite 102

99 Cherry Hill Road Parsippany, NJ 07054

FOREIGN FILINGS

NAME:

YORK INSURANCE SERVICES GROUP,

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 1155

EXAMINER:

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA S	STATUTES THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT	BUSINESS IN THE STATE OF FLORIDA
1. YORK INSURANCE SERVICES GROUP, INC.	The state of the s
(Enter name of corporation; must include "INCORPORATED" "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.")	"COMPANY," "CORPORATION,"
(If name unavailable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
2. DELAWARE 3	13-4198394
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
	Perpetual
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. <u>Upon qualification</u> (Date first transacted business in Florida. If corporation has no (SEE SECTIONS 607.150	ot transacted business in Florida, insert "upon qualification.") 1, 607.1502 and 817.155, F.S.)
7.99 Cherry Hill Road, Suite 102, Parsippany	New Jersey 07054
(Principal office add	
99 Cherry Hill Road, Suite 102, Parsippany	New Jersey 07054
(Current mailing ad	
	;
8. See attached. (Purpose(s) of corporation authorized in home state or corporation.	ountry to be carried out in state of Florida)
9. Name and street address of Florida registered agent:	
Name: Corporation Service Company	
	
Office Address: 1201 Hays Street	
Tallahassee	, Florida 32301
(City)	(Zip code)
designated in this application, I hereby accept the appoint	ice of process for the above stated corporation at the place ment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my duties sition as registered agent.
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:

York Insurance Services Group, Inc.

Application by Foreign Corporation for Authorization to Transact Business in Florida.

Response to Item #8:

Any lawful purpose including but not limited to:

- buying, selling, leasing, mortgaging and otherwise engaging in real estate transactions;
- owning one or more subsidiaries that are involved in one or more aspects of insurance claims, including but not limited to, investigation, reporting, settlement, adjustment and administration, including all activities ancillary thereto;
- 3) owning one or more subsidiaries that are involved in one or more aspects of the investigation, reporting, settlement, adjustment and administration of claims that are self-insured or, are not subject to insurance, including but not limited to freight claims and claims involving shipments subject to filed tariffs;
- 4) owning one or more companies that provide ancillary services, related to claims, including but not limited to data management, and system development and licensing of customized software;
- 5) owning one or more insurance brokerages, managing general agencies or similar entities;
- 6) owning one or more companies that engage in business similar or ancillary to the foregoing.

A. DIRECTORS	,	:	
Chairman: See attached officers/directors rid	er		
Address:	(: :		
	,		
Vice Chairman:	:		
Address:			
		1	
Director:			
Address:		1	
		!	
Director:		1	
Address:		:	
		!	
B. OFFICERS	1	1	
President: See attached officers/directors ride	er.		
Address:	•	1	
	·	·	
Vice President:	· ·		
Address:	· ·	-	
Secretary:			
Address:	•	:	
Treasurer:		:	
Address:			
NOTE: If necessary, you may attach an addendum to the a	application listing additional officers a	nd/or directors.	
13. (Signature of Director or Officer listed in n	number 12 of the application)	· · · · · · · · · · · · · · · · · · ·	
14. PETER E. LIND, Vice President & Secretar		:	
(Typed or printed name and capacity of person signing application)			

York Insurance Services Group, Inc. – Director Information (Business Addresses)

Thomas C. MacArthur Chairman York Claims Service, Inc. 99 Cherry Hill Road, Suite 102 Parsippany, New Jersey 07054

Thomas B. Winmill
Vice Chairman
c/o Bexil Corporation
11 Hanover Square – 12 Floor
(Enter 76 Beaver Street)
New York, New York 10005

Mr. Douglas Wu c/o Bexil Corporation 11 Hanover Square, 12th Fir. New York, NY 10005

Mr. James Sweeney c/o AIG Technical Services, Inc. 70 Pine St. - 21st Ffr. New York NY 10270

Mr. Edward Fields c/o The Consulting Firm, Inc. 64 Sierra Court Old Bridge, NJ 08857

As of December 3, 2003

York Insurance Services Group, Inc. – Officer Information (Business Addresses)

Thomas C. MacArthur President and Chief Executive Officer York Claims Service, Inc. 99 Cherry Hill Road, Suite 102 Parsippany, New Jersey 07054

David Panico
Senior Vice President, Treasurer &
Chief Financial Officer
York Claims Service, Inc.
99 Cherry Hill Road, Suite 102
Parsippany, New Jersey 07054

Peter E. Lind Vice President and Secretary York Claims Service, Inc. 99 Cherry Hill Road, Suite 102 Parsippany, New Jersey 07054

Mark Aussicker Senior Vice President, Chief Operating Officer York Claims Service, Inc. 99 Cherry Hill Road, Suite 102 Parsippany, New Jersey 07054

Henry Eckstein Vice President, Chief Information Officer York Claims Service, Inc. 99 Cherry Hill Road, Suite 230 Parsippany, New Jersey 07054

Richard McKinley Vice President, Product Management York Claims Service, Inc. 99 Cherry Hill Road, Suite 230 Parsippany, New Jersey 07054

George Suder Senior Vice President, Operations York Claims Service, Inc. Penn Center West, Bldg. #2, Suite 320 Pittsburgh, Pennsylvania 15276

Terry D. Camp Senior Vice President York STB, Inc. 2170 West State Road 434 Suite 494 Longwood, Florida 32779 Kelli J. Moore Vice President York SCI, Inc. 590 N.W. Peacock, Suite 1 St. Lucie West, Florida 34986

Kim Riter Vice President, Business Development York Claims Service, Inc. 99 Cherry Hill Road, Suite 102 Parsippany, New Jersey 07054

Tom Simoncic Vice President, York Specialty Claims York Claims Service, Inc. 16560 Commerce Court – Suite 100 Middleburg Heights, Ohio 44130

As of December 3, 2003

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "YORK INSURANCE SERVICES GROUP, 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 FOURTH DAY OF DECEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "YORK INSURANCE SERVICES GROUP, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.



Tarriet Smith Windson Sacretary of State

AUTHENTICATION: 2787984

DATE: 12-04-03

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