

FO4000000027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

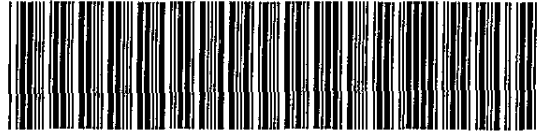
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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THE NATIONAL<sup>®</sup>  
**Registry**  
*of*  
**Agents & Brokers**

10077 Grogan's Mill Road, Suite 300  
The Woodlands, Texas 77380

281-367-0380  
281-364-1452 fax

www.mglconsulting.com

December 17, 2003

Via Airborne Express

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

**RE: Wright Risk Management Company, Inc. - Request for  
Certificate of Authority for Florida**

Dear Sir/Madam:

With regard to the above captioned matter, we would like to request a Certificate of Authority regarding Wright Risk Management Company, Inc. Our client has asked that we handle their insurance agency licensing and state registration with the State of Florida. Therefore, on behalf of our client, please find enclosed the following documents regarding Wright Risk Management Company, Inc.

1. One (1) originally executed Florida Certificate of Authority application;
2. One (1) original Certificate of Good Standing from the state of New York; and
3. One (1) check in the amount of \$ 78.75 to cover the fee.

Please return the approved Certificate of Authority in the enclosed Airborne Express envelope to my attention at the following address:

MGL Consulting Corporation  
Attention: Insurance Division – Dan Janis  
10077 Grogan's Mill Road, Suite 300  
The Woodlands, Texas 77380

Should you have any questions regarding this request or require additional documentation, please call me directly.

Sincerely,



Daniel R. Janis  
Associate

Enclosures (as stated)

cc: Ms. Christine Conley (w/enclosures)

a division of . . .

**MGL Consulting Corporation**  
Leaders in Registration and Compliance™

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wright Risk Management Company, 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", 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:

**Ms. Christine Conley**  
\_\_\_\_\_  
(Name of Person)

**Wright Risk Management Company, Inc.**  
\_\_\_\_\_  
(Firm/Company)

**377 Oak street**  
\_\_\_\_\_  
(Address)

**Garden City, NY 11530**  
\_\_\_\_\_  
(City/State and Zip code)

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For further information concerning this matter, please call:

**Mr. dan Janis** at ( **281** ) **367-0380**  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
 Registration Section  
 Division of Corporations  
 409 E. Gaines St.  
 Tallahassee, FL 32399

**MAILING ADDRESS:**  
 Registration 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.

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- 1. Wright Risk Management Company, 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. New York (State or country under the law of which it is incorporated) 3. 11-2438194 (FEI number, if applicable)
4. 09/14/1976 (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.)
7. 377 Oak Street, Garden City, NY 11530 (Principal office address)
same (Current mailing address)

8. Formation of a Non-Resident Insurance Agency (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: c/o C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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.

C T Corporation System
BY: [Signature] William C. Bradford, Jr.
Vice President
(Registered agent's signature)

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 ATTACHMENT

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

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

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

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

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

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

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

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B. OFFICERS

President: SEE ATTACHMENT

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. Christine Conley  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Christine Conley, Vice President  
(Typed or printed name and capacity of person signing application)

**BUSINESS ADDRESS**  
 WRIGHT RISK MANAGEMENT COMPANY, INC.  
 377 OAK STREET  
 GARDEN CITY, NY 11530

ALL OFFICERS AND DIRECTORS NAME/ADDRESS	TITLE OF OFFICER	DIRECTOR	SHAREHOLDER	SOCSEC #	STATE
Conley, Christine	VP & TREASURER	YES	YES	109-44-8271	NY
Fishlinger, William J.	C & CEO	YES	YES	134-34-0922	NONE
O'Brien, Patricia W. Congdon	SECRETARY	YES	NO	077-28-2464	NONE
Elicks, Gerard P.	PRESIDENT	YES	NO	086-52-4413	NONE
Fishlinger, Joan	NO	YES	YES	129-42-0508	NONE
Flaherty, John	NO	YES	NO	057-42-0896	NONE
Hardy, John	NO	YES	NO	284-46-3479	NY
Weber, Peter	CFO	NO	NO	119-42-0872	NONE
Falcone, Ronald	VP ADJUSTING	NO	NO	061-50-0300	NY
Bambino, Robert	VP	NO	NO	067-46-8492	NY/CT PENDING
Kelly, Peter	VP	NO	NO	093-56-4330	NY/CT PENDING
Congdon, John E.	SHAREHOLDER	NO	YES	125-64-3881	NONE
Congdon, James	SHAREHOLDER	NO	YES	092-60-9823	NONE
Mullally, John	SHAREHOLDER	NO	YES	056-56-4666	NY
Leone, Carla	SHAREHOLDER	NO	YES	086-54-0242	NONE
Caldwell, Katherine	SHAREHOLDER	NO	YES	054-54-7121	NONE

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State of New York } ss:  
Department of State

I hereby certify, that the Certificate of Incorporation of WRIGHT RISK MANAGEMENT COMPANY, INC. was filed on 09/14/1976, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.



\*\*\*

Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 03rd day of December  
two thousand and three.

A handwritten signature in black ink, appearing to read "Kenneth A. ...", is written over the text.

Secretary of State

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