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06 FEB 23 AT II: 44
DIVISION OF CURPOLATION

B. McKnight FEB 2 4 2006



UN BERVIGE GUMPARY								
ACCOUNT NO. : 07210000032								
REFERENCE : 811123 7394217								
AUTHORIZATION: Spellolena								
COST LIMIT : \$78.75								
ORDER DATE: January 13, 2006								
ORDER TIME : 10:17 AM								
ORDER NO. : 811123-005								
CUSTOMER NO: 7394217								
FOREIGN FILINGS								
NAME: HRH RISK MITIGATION, INC.								
XXXX QUALIFICATION (TYPE: <u>CO</u>)								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING								
CONTACT PERSON: Susie Knight EXT# 2956								
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. HRH Risk Mitigation, Inc.								
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Corp," or "Corp.")								
	(If name unavaila	ble in Florida, enter alternate corporate na	ime	adopted for the purpose of transa	cting busines	s in Florida)		
2.	Pennsylvania		3.	58-2552719	-:			
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)					
4.	07/12/00		5.	perpetual	=			
••		of incorporation)		(Duration: Year corp. will cease	se to exist or "	perpetual")		
6.								
٠.				Florida, if prior to registration)	1.4513			
		(SEE SECTIONS 607.1501 & 60	7.15	502, F.S., to determine penalty ha	ibility)			
7.	554 Washington	Avenue, Cendrich Center, 2nd Floor Cam	egie	, PA 15106		_		
	· · · · · · · · · · · · · · · · · · ·	(Principal office	add	ress)				
				a 44				
		(Current mailing	add	ress)				
8.	Insurance Broke					·		
	(Purpose(s)	of corporation authorized in home state of	or co	ountry to be carried out in state of	(Florida)	9 5	<u>;</u>	
9.	Name and stree	t address of Florida registered agent: ((P.C), Box NOT acceptable)		6 F	33	
	Managa	Corporation Service Company			=	83	3	
	Name:					ည်		
O	ffice Address:	1201 Hays Street				A	옥	
		Tallahassee		, Florida 32301		AM IO: 26	3 2 3 3 3 3	
		(City)		(Zip code)	•••	26	<u> </u>	
		() J				C/	7	

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: Laura R. Dunlap
as its agent

(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	16			
Address:				
Vice Chai	irman:			
Address:				
			90	S. S
Director:	Walter L. Smith		<u> </u>	
Address:	4951 Lake Brook Dr., Ste 500		ယ်	COY.
	Glen Allen, VA 23060	· -	<u> </u>	유무미 아마
Director:	Timothy J. Korman		: 26	ATION ATION
Address:	4951 Lake Brook Dr., Ste 500			C/S
	Glen Allen, VA 23060			
B. OFF	ICERS			
President:	Matthew C. Kelly	·		
Address:	554 Washington Avenue, Cendrich Center, 2nd Floor			
	Camegie, PA 15106			
Vice Pres	ident: Martin L. Vaughan, III		L _	
Address:	4951 Lake Brook Dr., Ste 500			***************************************
	Glen Allen, VA 23060			
Secretary:	Walter L. Smith			
Address:	4951 Lake Brook Dr., Ste 500, Glen Allen, VA 23060			
Treasurer:	Robert W. Blanton, Jr.			
Address:	4951 Lake Brook Dr., Ste 500, Glen Allen, VA 23060			
NOTE:	If necessary, you may attach an addendum to the application listing additional officers are	ıd/or dire	ctors.	
13	(Circumstance)		•	
	(Signature of Director or Officer listed in number 12 of the application)			
14. <u>Wal</u>	(Typed or printed name and conseits of names aigning application)			
	(Typed or printed name and capacity of person signing application)			

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

FEBRUARY 21, 2006

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

HRH RISK MITIGATION, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

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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

SECRETARY OF STATE
DIVISION OF CORPORATION