

Florida 000001181

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
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COR AMND/RESTATE/CORRECT OR O/D RESIGN

HRH RISK MITIGATION, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

RECEIVED

06 AUG 21 AM 8:00

DIVISION OF CORPORATIONS

06 AUG 21 AM 10:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F06000001181

(Document number of corporation (if known))

FILED
06 AUG 21 AM 10:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. HRH Risk Mitigation, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Pennsylvania

(Incorporated under laws of)

3. 2/23/06

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____

5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. The amendment changes the names and business addresses of officers and directors to the following: (see attached).

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Walter L. Smith

(Typed or printed name of person signing)

Vice President and Secretary

(Title of person signing)

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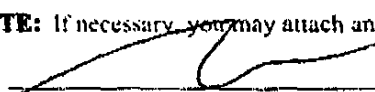
A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Walter L. SmithAddress: 4951 Lake Brook Drive, Suite 500Glen Allen, VA 23060Director: Matthew C. KellyAddress: 600 W. Germantown Pike, Suite 300Plymouth Meeting, PA 19462**B. OFFICERS**President: Matthew C. KellyAddress: 600 W. Germantown Pike, Suite 300Plymouth Meeting, PA 19462Vice President: Walter L. SmithAddress: 4951 Lake Brook Drive, Suite 500Glen Allen, VA 23060Secretary: Walter L. SmithAddress: 4951 Lake Brook Drive, Suite 500, Glen Allen, VA 23060Treasurer: Matthew C. KellyAddress: 600 W. Germantown Pike, Suite 300, Plymouth Meeting, PA 19462**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

(Signature of Director or Officer listed in number 12 of the application)Walter L. Smith, Vice President and Secretary

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

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