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Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Southwest Reinsure (NM), Inc.**

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J. Shivers AUG 10 2006

**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. Southwest Reinsure (NM), Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. New Mexico

(State or country under the law of which it is incorporated)

3. 20-4986921

(FEI number, if applicable)

4. 05/15/2006

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2400 Louisiana Blvd. NE, APC 4, Albuquerque, NM 87110

(Principal office address)

P.O. Box 30250 Albuquerque, NM 87190-0250

(Current mailing address)

8. Including but not limited to an insurance administrator,

(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 NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.*

CT Corporation System

Maria Ozaeta  
Vice President

By: Maria Ozaeta

(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:

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**A. DIRECTORS**

Chairman: James Bradford Smith

Address: 2400 Louisiana Blvd. NE, AFC 4

Albuquerque, NM 87110

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

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

Director: Karen Edwards Gallo

Address: 2400 Louisiana Blvd. NE, AFC 4

Albuquerque, NM 87110

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

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

**B. OFFICERS**      *SEE ATTACHMENT*

President: James Bradford Smith

Address: 2400 Louisiana Blvd. NE, AFC 4

Albuquerque, NM 87110

Vice President: Karen Edwards Gallo

Address: 2400 Louisiana Blvd. NE, AFC 4

Albuquerque, NM 87110

Secretary: Patrick Weems Hurley, Jr.

Address: 2400 Louisiana Blvd. NE, AFC 4, Albuquerque, NM 87110

Treasurer: Patrick Weems Hurley, Jr.

Address: 2400 Louisiana Blvd. NE, AFC 4, Albuquerque, NM 87110

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Karen Edwards Gallo  
(Signature of Director or Officer listed in number 12 of the application)

14. Karen E. Gallo, Vice President  
(Typed or printed name and capacity of person signing application)

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## Attachment to Florida

**Officers & Directors**

- 
- |    |   |  |
|----|---|--|
| 1. | Full Name:<br>Officer/Director:<br>Officer's Title:<br>Director's Title:<br>Business Address:<br>City:<br>State:<br>ZIP Code: | James Bradford Smith<br>Officer, Director<br>President<br>Chairman<br>2400 Louisiana Blvd. NE, AFC 4<br>Albuquerque<br>NM<br>87110           |
| 2. | Full Name:<br>Officer/Director:<br>Officer's Title:<br>Director's Title:<br>Business Address:<br>City:<br>State:<br>ZIP Code: | Karen Edwards Gallo<br>Officer, Director<br>Vice President<br>Other Director<br>2400 Louisiana Blvd. NE, AFC 4<br>Albuquerque<br>NM<br>87110 |
| 3. | Full Name:<br>Officer/Director:<br>Officer's Title:<br>Business Address:<br>City:<br>State:<br>ZIP Code:                      | Patrick Weems Hurley, Jr.<br>Officer<br>Secretary / Treasurer<br>2400 Louisiana Blvd. NE, AFC 4<br>Albuquerque<br>NM<br>87110                |



OFFICE OF THE  
PUBLIC REGULATION COMMISSION

CERTIFICATE OF GOOD STANDING AND COMPLIANCE

IT IS HEREBY CERTIFIED THAT:

SOUTHWEST REINSURE (NM), INC.

2733400

a corporation organized under the laws of

NEW MEXICO

is duly authorized to transact business in New Mexico, as a  
Domestic Profit Corporation, under the

BUSINESS CORPORATION ACT

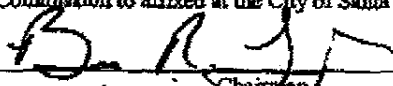

(53-11-1 to 53-18-12 NMSA 1978)

having filed its Articles of Incorporation MAY 15, 2006  
and Certificate of Incorporation issued as of said date.

IT IS FURTHER CERTIFIED that the fees due the Public  
Regulation Commission which have been assessed against the  
aforesaid corporation, have been paid to date and aforesaid  
corporation is in corporate good standing & duly authorized  
to transact business as its corporate existence has not been  
revoked in New Mexico. This Certificate is not to be  
construed as an endorsement, recommendation, or notice of  
approval of the corporation's financial condition or  
business activities and practices. This certificate of Good  
standing and compliance expires: MARCH 15, 2009

Dated: JULY 3, 2006

In testimony whereof, the Public Regulation of the  
State of New Mexico has caused this certificate to be  
signed by its Chairman and the seal of said  
Commission to affix at the City of Santa Fe.

  
Chairman  
  
Bureau Chief