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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 120000000195 Phone : (850)521-1000

Fax Number : (850) 558-1575

RESUBMIT

Attn: RoseAnn Varnadore

As per my conversation with Karen Beyer.

May-csc-#2940

FOREIGN PROFIT/NONPROFIT CORPORATION

ONECIS INSURANCE COMPANY

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December 12, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPORATION SERVICE COMPANY

ATTN: MARY

SUBJECT: ONECIS INSURANCE COMPANY

REF: W06000053406

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Document Specialist FAX Aud. #: E06000291905 Letter Number: 606A00070667

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.

(If name unava	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting busine	ess in Florida)
	· · · <u> </u>	FEIN: 36-2738349	
-	under the law of which it is incorporated)	(FEI number, if applicable)	
March 23	, 1972 5.	Perpetual	
(Dat	e of incorporation)	(Duration: Year corp. will cease to exist or	"perpetual")
N/A			
	(Date first transacted business in	n Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.15	502, F.S., to determine penalty liability)	
580 Wate	see sections 607.1501 & 607.15 rs Edge, Suite 210, Oak Cree		18-6432
580 Wate	(SEE SECTIONS 607.1501 & 607.15 rs Edge, Suite 210, Oak Cree (Principal office add)	ek Center, Lombard, IL 6014	18-6432
·	rs Edge, Suite 210, Oak Cree (Principal office add	ek Center, Lombard, IL 6014	
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c/o U.S. La	rs Edge, Suite 210, Oak Cree (Principal office addu aboratories Inc., 11860 West Sta (Current mailing addu nsurance Business	ek Center, Lombard, IL 6014 ress) ate Road 84, Suite 1, Fort Lauc lress)	
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Conduct	rs Edge, Suite 210, Oak Cree (Principal office adds aboratories Inc., 11860 West Sta (Current mailing adds nsurance Business s) of corporation authorized in home state or co	ek Center, Lombard, IL 6014 ress) ate Road 84, Suite 1, Fort Lauc ress) buntry to be carried out in state of Florida) D. Box NOT acceptable)	derdale, F
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Conduct (Purposed	rs Edge, Suite 210, Oak Cree (Principal office adds aboratories Inc., 11860 West Sta (Current mailing adds nsurance Business s) of corporation authorized in home state or co et address of Florida registored agent: (P.O Corporation Service Compa	ek Center, Lombard, IL 6014 ress) ate Road 84, Suite 1, Fort Lauc ress) buntry to be carried out in state of Florida) D. Box NOT acceptable)	derdale, F

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.

Trey Todd 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:

	ECTORS			
Chairman	: Francois Tardan			_
Address:	Bureau Veritas, 17 bis Place des Reflets, La Defense 2, 92400 Cou	ırbevo	e, Fra	anc€
				_
Vice Cha	Dickerson C. Wright			
Address:	c/o U.S. Laboratories, Inc., 11860 West State Road 84, Suite 1, Fort Lau	derdale	∍, FL 3	3332
,				_
Director:	Gregory F. Rzonca			
Address:	o/o Robert Hunt Co., 580 Waters Edge, Suite 210, Oak Creek Center, Lombi	ard, IL 6	0148-	6432
•		·		***
Director:	Burton K. Haimes	_		<u>.</u>
Address:	ala Orrigh 666 Fifth Avanua New York NY 10103-0001			
				_
B. OFF	TICERS			
	Dickerson C. Wright			_
A ddraee:	c/o U.S. Laboratories, Inc., 11860 West State Road 84, Suite 1, Fort Lau	derdale	e, FL 3	3332
/\uui\036.				_
Vice Pre	sident: Richard Tong			<u>-</u> -
Address:	c/o U.S. Laboratories, Inc., 11860 West State Road 84, Suite 1, Fort Lau	derdale	, FL 3	332
11001000				_
Secretary	y: Burton K. Halmes			
Address:	666 Fifth Avenue, New York, NY 10103-0001			_
Treasure	E-pagin Tordon	,		_
Address:	Bureau Veritas, 17 Bis Place des Reflets, La Defense 2, 92400 Co	urbevo	oie, Fr	anc
				_
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or d	irectors.		
13	Ont R Hauses	를 음	2006	_
	(Signature of Director or Officer listed in number 12 of the application)	CRE	16 DEC	***************************************
14	(Typed or printed name and capacity of person signing application)	ASSE		
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		ORID ORID	9 <u>F</u> #11	U0JE/2

OneCIS Insurance Company

Names and business addresses of additional officers and/or directors:

Director:

Dennis Deeke

Address:

c/o Robert Hunt Co., 580 Waters Edge, Suite 210, Oak Creek Center,

Lombard, IL 60148-6432

Director:

Stephen J. Chippas

Address:

c/o Robert Hunt Co., 580 Waters Edge, Suite 210, Oak Creek Center,

Lombard, IL 60148

Vice President:

Janice Mondello

Address:

One Beacon Street, Boston, MA 02108

Financial Controller: Luis Carlos Damasceno

Address:

Luis Carios Damasceno

c/o U.S. Laboratories, Inc., 11860 West State Road 84, Suite 1, Fort

Lauderdale, FL 33325

SECRETARY OF STALE



Department of Financial and Professional Regulation Division of Insurance

WHEREAS, the OneCIS Insurance Company located at County of Cook in the State of Illinois was incorporated pursuant to the provisions of the "Illinois Insurance Code" applicable to said Company:

NOW, THEREFORE, I the undersigned, Director of Insurance of the State of Illinois, do hereby certify the said Company is authorized to transact its appropriate business as set forth under Clause(s)

> (b), (c), (d), (g), (h), (i), (j) of Class 2 (b), (c), (d), (e), (g), (h) of Class 3

of Section 4 of the "Illinois Insurance Code" in this State, in accordance with the laws thereof.

> DEPARTMENT FINANCIAL PROFESSIONAL REGULATION of the State of Illinois:

DATE: December 7, 2006

DIVISION OF INSURANCE

Director of Insurance