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PICK-UP	WAIT	MAIL			
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Certified Copies	Certificates	of Status			
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Special Instructions to Filing Officer:					
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Office Use Only



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COVER LETTER

	New Filing S Division of G	Section Corporations				
SUBJE	CT. Capi	itol Risk Conce	epts, Ltd.			
BODGE				ration - mus	t include suffix	к)
Dear Sir	or Madam:					
"Certifica		ence," and check as				sact Business in Florida," renced foreign corporation to
Please re	turn all corr	espondence concer	ning this ma	atter to the f	following:	
Teronh	ıa Wilson	Į.				
		· · · · · · · · · · · · · · · · · · ·	(Nam	e of Person)	
Chubb	Licensin	g Services, LL	С			
			(Firm	/Company)		
15 Moi	ıntain Vi	ew Road				
			(/	Address)		
Warren	ı,	NJ	0705	9		
			(City/St	ate and Zip	code)	
For furth	er informati	on concerning this	-			
Rosema	arie Gibso	on	_ at (91		6-7161	
((Name of Pe	erson)	(A	rea Code &	Daytime Telep	phone Number)
N D C 2	New Filing S Division of C Clifton Build	Corporations ling ive Center Circle	ess:		New Filing	Corporations 27
Enclosed	is a check f	or the following at	mount:			
\$70.00	Filing Fee	\$78.75 Filin Certificate	ng Fee & e of Status		Filing Fee & ied Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 24, 2008

TEERONHA WILSON 15 MOUNTAIN VIEW ROAD WARREN, NJ 07059

SUBJECT: CAPITOL RISK CONCEPTS, LTD.

Ref. Number: W08000030458

We have received your document for CAPITOL RISK CONCEPTS, LTD. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not sufficient as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Letter Number: 908A00038139

Valerie Herring Regulatory Specialist II New Filing Section

Down and the Down

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.

·	sk Concepts, Ltd., Inc.	
(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATI Corp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"
(If name unavai	lable in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in Florida)
2. New York		3 13-2851947
	under the law of which it is incorporated)	(FEI number, if applicable)
4. 04-07-76		5. Perpetual
(Date	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6		
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)
7. One Water	Street, White Plains, NY 10601	
	(Principal office a	address)
One Water	Street, White Plains, NY 10601	
	(Current mailing a	
Insurance A	Agency	EE, F
(Purpose(s) of corporation authorized in home state or	r country to be carried out in state of Florida)
). Name and street	et address of Florida registered agent: (l	P.O. Box NOT acceptable)
Name:	Corporation Service Company	<u>y</u>
Office Address:	1201 Hays Street	-
	Tallahassee	, Florida 32301
	(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.

By: Matara Asst. V.P.

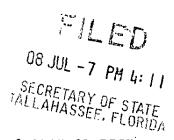
(Registered agent's signature)

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: ___ Address: _____ Vice Chairman: Address: ___ Director: ____ Address: __ Director: __ **B. OFFICERS** President: John F. Keane Jr. Address: One Water Street, White Plains, NY 10601 Vice President: Address: ____ Secretary: _ Address: ___ Treasurer: _____ 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) John F. Keane Jr.

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

State of New York Department of State } ss:



I hereby certify, that the Certificate of Incorporation of CAPITOL RISK CONCEPTS, LTD. was filed on 04/07/1976, 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 an existing corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 11th day of June

Daniel Shapiro

Special Deputy Secretary of State

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