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KnightBrook Insurance Company

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Jf 8/29/08



August 28, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: KNIGHTBROOK INSURANCE COMPANY
REF: W08000040221

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Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: H08000202810
Letter Number: 208A00047903

**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. KNIGHTBROOK INSURANCE COMPANY
(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. DELAWARE 3. 51-0098159
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. DECEMBER 9, 1934 5. PERPETUAL
(Date of incorporation) (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. BRANDYWINE VILLAGE, 1807 NORTH MARKET ST., WILMINGTON, DE 19802-4810
(Principal office address)
927 WEST MAIN STREET, VALLKY VIEW, PA 19103-2722
(Current mailing address)
8. PROPERTY AND CASUALTY INSURANCE
(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: C T Corporation System
- Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

C T Corporation System

By: _____



Vicki Ann Owens
Special Assistant Secretary

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: REFER TO ATTACHED LIST

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____
(Signature of Director or Officer listed in number 12 of the application)

14. Jason D. Turner, Secretary
(Typed or printed name and capacity of person signing application)

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KNIGHTBROOK INSURANCE COMPANY

DIRECTORS:

Don Robert Hankey
Eric D. Jarvis
Don Rufus Hankey
William B. Lopatin
Jason D. Turner
Marc J. Bishara
Richard Dillon
Matt Sherman

OFFICERS:

Matthew Sherman	Chief Operating Officer
Richard Dillon	Chief Financial Officer/Treasurer & Chief Technology Officer
Stephen Chu Ming Su	Vice President - Corporate Development
Irv Keightly	Vice President - Corporate Development
Jason D. Turner	Secretary
Eric D. Jarvis	President
Greg Hill	Assistant Treasurer

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KNIGHTBROOK INSURANCE COMPANY" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF AUGUST, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6814897

DATE: 08-26-08