Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:		 	,

FOREIGN PROFIT/NONPROFIT CORPORATION USI INSURANCE SERVICES OF NEW ENGLAND, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

12/20/20/

COVER LETTER

TO: New Filing Section Division of Corporations						
SUBJECT:	USI Insura	nce Services of No	w England, l	Inc.		
		Name	of corporati	on - must in	clude suffix	
Dear Sir or M	ladam:					•
"Certificate of	f Existence		of Good St	anding" and	i check are subm	Business in Florida," itted to register the
Please return	all corresp	ondence concern	ing this matt	ter to the fo	llowing:	
Doris Capalbi		_				
			Name o	of Person		
USI Insurance	Services of	New England, Inc	·.			
	<u> </u>		Firm/Co	ompany		
555 Pleasanty	ille Road, S	uite 160 South			···	
			Ad	dress		
Briancliff Man	or, New Yo	rk 10510			•	
			City/State	e and Zip co	ode	
doris.capalbi@	usi.bi2		<u>.</u>			
		E-mail addres	s: (to be use	d for future	annual report no	utication)
For further in	formation	concerning this r	natter, pleas	e cali:		
Doris Capalbi at (914) 749-8523						
Name of Person Area Code & Daytime Telephone Number				ne Number		
			•			
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a	check for	he following am	ount:			
\$70.00 F	iling Fee	\$78.75 Filin Certificate		S78.75 Certifie	Filing Fee & d Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

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. USI Insurance	e Services of New England, Inc.		
	f corporation; must include "INCORPORATED "Corp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATION,"	
(If name unava	ailable in Florida, enter alternate corporate name	e adopted for the purpose of transacting business	in Florida)
2. New Hampshi	•	02-0484164	,
	ry under the law of which it is incorporated)	(FEI number, if applicable)	
4 10/13/1995		Perpetual	
	ate of incorporation)	(Duration: Year corp. will cease to exist or "	perpetual")
6.		·	
v		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
7. 555 Pleasantvil	lle Road, Suite 160 South, Briarcliff Manor, NY	(10210	
· · · · · · · · · · · · · · · · · · ·	(Principal office ad	dress)	
555 Pleasantvil	le Road, Suite 160 South, Briarcliff Manor, NY	10510	
	(Current mailing ad	dress)	
8. Insurance Brot			35 (D
(Purpos	e(s) of corporation authorized in home state or c	country to be carried out in state of Florida)	
9. Name and str	eet address of Florida registered agent: (P.	O. Box NOT acceptable)	C 20
Name;	C T Corporation System	 -	U1 2
Office Address:	1200 South Pine Island Road		-17
	Plantation	, Florida 33324	10: 21 STAT LORRING
	(City)	(Zip code)	9E -
Having been no designated in th	nis application, I hereby accept the appoint a comply with the provisions of all statutes ar with and accept the abligations of my processing the configuration of the configurat	Assistant Vice-President and Secretary	n this capacity. I
	(Registered agent's signature	2)	

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

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under the law of which it is incorporated.

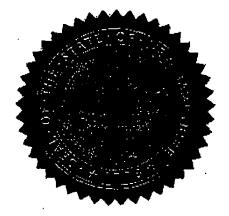
12. Names and business addresses of officers and/or directors:

10 DEC 20 AH 10: 21 A. DIRECTORS

Chairman:	SECRETARY OF STATE
Address:	TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR
Vice Chairman:	
Address:	
Director: Ernest J. Newborn, II	
Address: 555 Pleasantville Road, Suite 160 South, Briarcliff Manor, NY 105	10
Director:	
Address:	
B. OFFICERS	
President: Sean Hood	
Address: 5 Bedford Farms Drive, Suite 200, Bedford, NH 03110	
	•
Vice President:	-
Address:	
Secretary: Ernest J. Newborn, II	
Address: 555 Pleasantville Road, Suite 160 South, Briarcliff Manor, NY 1051	10
Treasurer: Sean Hood	
Address: 5 Bedford Farms Drive, Suite 200, Bedford, NH 03110	······································
NOTE: In necessary, you may attach an addendum to the application is	isting additional officers and/or directors.
13.	
Signature of Director or Off The officer or director signing this document (and who is listed in number are true and that he or she is aware that false information submitted in a third degree felony as provided for in s.817.155, F.S.	ber 12 above) affirms that the facts stated herein
14. Ernest J. Newborn, H. Secretary & Director	
(Typed or printed name and capacity of person	signing application)

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that USI Insurance Services of New England, Inc. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on October 13, 1995. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 17th day of December, A.D. 2010

William M. Gardner Secretary of State