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J. S. 08/23 AUG 24 2011

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: UV Insurance Risk Retention Group, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Deborah Gambone

Name of Person

Aon Insurance Managers (USA) Inc.

Firm/Company

76 St. Paul Street, Suite 500

Address

Burlington, VT. 05401

City/State and Zip code

deborah.gambone@aon.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Gambone

Name of Person

at (802) 264-4584

Area Code & Daytime Telephone 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 the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified 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. UV Insurance Risk Retention Group, 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. Hawaii

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

3. 27-4132922

(FEI number, if applicable)

4. 11/30/2010

(Date of incorporation)

5. Perpetual

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

6. No Business has been transacted.

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

7. 201 Merchant Street, Suite 2400, Honolulu, HI 96813

(Principal office address)

201 Merchant Street, Suite 2400, Honolulu, HI 96813

(Current mailing address)

8. Transact business of a captive ins. company & every kind of business permitted under general corporation and applicable ins. laws of

(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: William Anderson Haynes

Office Address: 13901 Sutton Park Drive South, Building C, Suite 360

Jacksonville

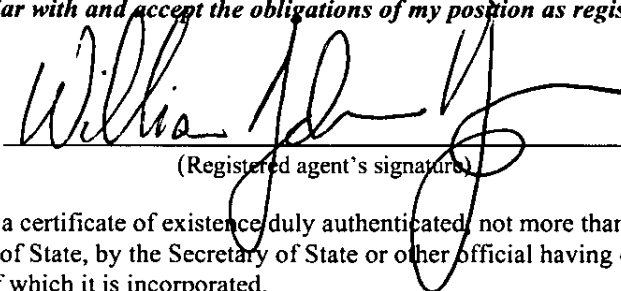
(City)

, Florida 32224

(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.



(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.

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STATE OF FLORIDA
DEPARTMENT OF STATE

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

A. DIRECTORS

Chairman: Howard Hoffmann

Address: 365 Oxford Road
New Rochelle, NY 10804

Vice Chairman: Randal S. Dumas

Address: 200 Corporate Boulevard, Suite 104
Lafayette, LA 70508

Director: Mark E. Southerst

Address: 200 Corporate Boulevard, Suite 104
Lafayette, LA 70508

Director: Christina Kamaka

Address: 201 Merchant Street, Suite 2400
Honolulu, HI 96813

B. OFFICERS

President: Howard Hoffmann

Address: 365 Oxford Road
New Rochelle, NY 10804

Vice President: Randal S. Dumas

Address: 200 Corporate Boulevard, Suite 104
Lafayette, LA 70508

Secretary: Mark E. Southerst

Address: 200 Corporate Boulevard, Suite 104, Lafayette, LA 70508

Treasurer: Randal S. Dumas

Address: 200 Corporate Boulevard, Suite 104, Lafayette, LA 70508

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

13. Christina Kamaka

Signature of Director or Officer

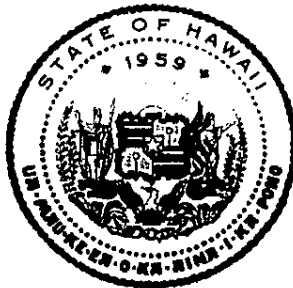
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Christina Kamaka, Director

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

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TALLERMAN
70508

STATE OF HAWAII



Insurance Division

Certificate of Authority

GORDON I. ITO, Insurance Commissioner, does hereby certify that:

UV INSURANCE RISK RETENTION GROUP, INC.

of Honolulu, Hawaii, having complied with the requirements of the Hawaii Insurance Code, is hereby authorized to transact the business of a captive insurance company in the manner provided by and subject to Chapter 431, Article 19, Hawaii Revised Statutes.

This certificate is valid until terminated by surrender, suspension, revocation, or failure to renew, and is subject to the licensee's compliance with the applicable laws, rules and regulations of the State of Hawaii.

This certificate shall remain in the possession of the insurer named herein until termination, at which time it shall be delivered to the Insurance Commissioner.

GIVEN UNDER MY HAND AND SEAL at
Honolulu, this 1st day of December, 2010.

BY

Gordon I. Ito

GORDON I. ITO
Insurance Commissioner

I hereby certify that this is a true
and correct copy of the original
on file in the Department of
Commerce & Consumer Affairs

Sanford A. Saito
7/20/2011

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SECRETARY OF STATE
TALAMON-235