FILOUD31014

(Re	equestor's Name)				
(Ad	dress)				
(Ad	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Ви	siness Entity Nar	me)			
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



500211088945

09/06/11--01019--030 **87.50

11 SFP - 6 PM 1: 38

Ps 9/7/11

COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJ	ECT: Alteris Insurance Services, Inc.
	Name of corporation - must include suffix
Dear Si	ir or Madam:
"Certifi	closed "Application by Foreign Corporation for Authorization to Transact Business in Florida," icate of Existence," or "Certificate of Good Standing" and check are submitted to register the referenced foreign corporation to transact business in Florida.
Please	return all correspondence concerning this matter to the following:
Susa	an Sibley
	Name of Person
Argo	o Group US
	Firm/Company
1010	01 Reunion Place Ste. 450
	Address
San .	Antonio, TX 78216
	City/State and Zip code m Speck: Censing Oar aparoupus. Com E-mail address: (to be ased for future annual report notification) ther information concerning this matter, please call:
Susa	n Sibley at (210) 366-5775
	Name of Person at (210) 366-5775 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
Enclose	ed is a check for the following amount:
□ \$7	70.00 Filing Fee \$\ \text{Certificate of Status} \text{\$\frac{1}{2}\$ \$78.75 Filing Fee & Certificate of Status & Certified Copy} \text{\$\frac{1}{2}\$ \$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. Alteris In	surance Services, Inc.			_
	e of corporation; must include "INCORPORAT," "Corp," "Inc," "Co," or "Corp.")	ED	," "COMPANY," "CORPORATION,"	
(If name un	available in Florida, enter alternate cornorate n	ame	adopted for the purpose of transacting business in Florida)	-
2. Massach	·		042442943	
	intry under the law of which it is incorporated)	_ 5.	(FEI number, if applicable)	_
4. August 2	26, 1968	5.	Perpetual	
((Date of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	_
6. UPON Q	DALIFICATION			_
•			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
- 250 Sun	nmer Street 3rd Floor, Boston,			
/ <u>, 200 Our</u>	(Principal office			_
250 Sur	mmer Street 3rd Floor, Bosto	n,	MA 02210	
-	(Current mailing			-
_{8.} Insuran				-0
(Purp	ose(s) of corporation authorized in home state of	or c	ountry to be carried out in state of Florida)	SEI
9. Name and	street address of Florida registered agent:	(P.C		GRE T
Nam	e: NRAI SERVICES, INC.			OF COF
Office Addres	ss: 515 East Park Avenue			(PQR) 12 31
	Tallahassee		, Florida 32301	S AFF
	(City)		(Zip code)	5
10. Registere	ed 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) SABRINA TILLAPA UGH, ASST. SEC.

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.

2. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: Michael E Arledge	
Address: 10101 Reunion Place Ste. 500	
San Antonio, TX 78216	
/ice Chairman: Hilbert V. Schenck II	
Address: 250 Summer St. 3rd Floor	
Boston, MA 02210	
Director: Craig S. Comeaux	
Address: 10101Reunion Place Ste. 500	
San Antonio, TX 78216	
Director:	
Address:	
3. OFFICERS	
President: Hilbert V. Schenck II	
Address: 250 Summer St. 3rd Floor	
Boston, MA 02210) 7
Vice President: Michael E. Arledge	0: T>
Address: 10101 Reunion Place Ste. 500	RY OF
San Antonio, TX 78216	551
ecretary: Craig S. Comeaux	
Address: 10101 Reunion Place Ste. 500, San Antonio, TX 78216	
reasurer: Lynn K Geurin	
Address: 10101 Reunion Place Ste. 500, San Antonio, TX 78216	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
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 mird degree felony as provided for in s.817.155, F.S.	a

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

14. Hilbert V. Schenck II

Alteris Insurance Services, Inc. List of Officers and Directors

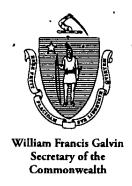
Daniel G. Platt
David M. Dawson
Evan Miller
James R. Tyrrell
Lisa Paschal
Lynn K. Geurin
Peggy Dhanda
Peter Gise
Richard A. Artessa

Craig S. Comeaux Dire
Hilbert V. Schenck II Dire
Michael E. Arledge Dire

Director Director Vice President
Senior Vice President, Claims
Assistant Secretary
Vice President, Marketing
Vice President
Vice President & Treasurer
Assistant Treasurer
Senior Vice President & CFO
Senior Vice President, Sales
Vice President
Executive Vice President

10101 Reunion Place Ste.500, San Antonio, TX 78216 250 Summer Street, 3rd Floor, Boston, MA 02210 10101 Reunion Place Ste.500, San Antonio, TX 78216 250 Summer Street, 3rd Floor, Boston, MA 02210 225 W. Washington Street, 6th Floor, Chicago, IL 60606 10101 Reunion Place Ste.500, San Antonio, TX 78216 10101 Reunion Place Ste.500, San Antonio, TX 78216 10101 Reunion Place Ste.500, San Antonio, TX 78216 1208 James St., Suite 206, Syracuse, NY 13203 10101 Reunion Place Ste.500, San Antonio, TX 78216 250 Summer Street, 3rd Floor, Boston, MA 02210 10101 Reunion Place Ste.500, San Antonio, TX 78216

SECRETARY OF STATE DIVISION OF CORPORATIONS



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

Date: August 25, 2011

To Whom It May Concern:

I hereby certify that according to the records of this office,

ALTERIS INSURANCE SERVICES, INC.

commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

ranino Islecin

Secretary of the Commonwealth

Certificate Number: 11084234870

Verify this Certificate at: http://corp.sec.state.ma.us/corp/Certificates/Verify.asp

Processed by: tad

SECRETARY OF STATE DIVISION OF CORPORATIONS