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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/27

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** RPX 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. RPX 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. 45-3503201

(FEI number, if applicable)

4. 10/05/2011

(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 HI.

(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

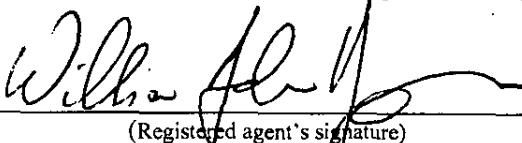
(City)

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

**A. DIRECTORS**

Chairman: John A. Amster (The company does not have a designated Chairman)

Address: One Market Plaza, Steuart Tower, Suite 700  
San Francisco, CA 94105

Vice Chairman: Geoffrey T. Barker (The company does not have a designated Vice Chairman)

Address: One Market Plaza, Steuart Tower, Suite 700  
San Francisco, CA 94105

Director: Mallun Yen (Director and Executive Vice President)

Address: One Market Plaza, Steuart Tower, Suite 700  
San Francisco, CA 94105

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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DEPARTMENT OF STATE  
SAN FRANCISCO, CALIF.

**B. OFFICERS**

President: Robert Kingsley

Address: One Market Plaza, Steuart Tower, Suite 700  
San Francisco, CA 94105

Vice President: David Ruder

Address: One Market Plaza, Steuart Tower, Suite 700  
San Francisco, CA 94105

Secretary: Martin Roberts

Address: One Market Plaza, Steuart Tower, Suite 700, San Francisco, CA 94105

Treasurer: David Anderson

Address: One Market Plaza, Steuart Tower, Suite 700, San Francisco, CA 94105

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

13. \_\_\_\_\_

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. Robert Kingsley, President

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

12B. List the name and business address of each Officer of the Risk Retention Group.

**ADDITIONAL OFFICERS OF RPX RISK RETENTION GROUP, INC.**

1. Christina Kamaka – Assistant Treasurer  
201 Merchant Street, Suite 2400  
Honolulu, HI 96813
  
2. Paul Shimomoto – Assistant Secretary  
Pacific Guardian Center, Mauka Tower  
737 Bishop Street, Suite 2100  
Honolulu, HI 96813

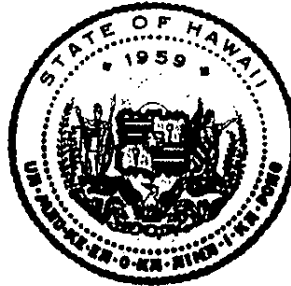
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STATE OF HAWAII

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Insurance Division

Certificate of Authority

CAP-242

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

**RPX 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 5th day of October, 2011.

BY

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 1/10/12