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(Requestor's Name)
(Address)
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COVER LETTER

	ion of Cor					
SUBJECT:	Sams	ung Fire & I	Marine	Insuran	ce Co., Ltd	l. (US Branch)
		Name o	of corporat	ion - must in	iclude suffix	
Dear Sir or M	adam:					
"Certificate of	f Existence		of Good S	tanding" and	l check are subm	Business in Florida," nitted to register the
Please return	all correspo	ondence concerni	ng this ma	tter to the fo	llowing:	
Nathan C	hua	<u></u>				
			Name	of Person		
Perr&Kn	ight			_		
			Firm/C	Company		
401 Wils	hire Bl	, Ste 300				
			Ad	ldress		
Santa Mo	onica, C	A 90401				
			City/Stat	e and Zip co	de	
s.j.robin.cl	noi@sar	nsung.com				
		E-mail address	: (to be use	ed for future	annual report no	otification)
For further in	formation o	concerning this m	atter, pleas	se call:		
Nathan C	hua		at (310	230-	9339	
Name	e of Person		Are	ea Code & D	aytime Telepho	ne Number
New I Divisi Clifto 2661 Tallah	Filing Sect ion of Corp on Building Executive hassee, FL	corations Center Circle 32301			MAILING AD New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations
\$70.00 F		he following amount \$78.75 Filing Certificate of	g Fee &	\$78.75 Certifie	Filing Fee & od 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.

(If name unavail	able in Florida, enter alterna	te corporate name ad	opted for the purpose of transacting busine	ess in Florida)
Korea, port o	f entry - New York	3. 2	2-2665720	
State or country	under the law of which it is	incorporated)	(FEI number, if applicable)	
01/26/1952		5. P	erpetual	
(Date	of incorporation)		Duration: Year corp. will cease to exist or	"perpetual")
n/a				
			Florida, if prior to registration) 2, F.S., to determine penalty liability)	
35 Challen	ger Road, 6th Floo	r. Ridaefield F	Park. NJ 07660	
	=	rincipal office addres		
	5	aar Didaafial	N. D. J. M. LOZOCO	
85 Challer	ider Road, 6th Fic	oor. Kiaaeilei	id Park. NJ U/660	
85 Challer	ger Road, 6th Flo	urrent mailing addres		
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insurance	business	urrent mailing addres		IŽ.
insurance (Purpose(s	business	urrent mailing addres	ss)	וצ 00 ואַרנא
insurance (Purpose(s	business) of corporation authorized	urrent mailing address in home state or countered agent: (P.O. I	ss)	12 OCT - I
insurance (Purpose(s Name and <u>street</u> Name:	business of corporation authorized	in home state or countered agent: (P.O. I	ss)	OCT -1
insurance (Purpose(s Name and <u>stree</u>	business b) of corporation authorized at address of Florida regis NRAI Services, I 515 East Park Ave	in home state or countered agent: (P.O. I	ntry to be carried out in state of Florida) Box NOT acceptable)	OCT - 1 PH
insurance (Purpose(s Name and <u>street</u> Name:	business b) of corporation authorized at address of Florida regis NRAI Services, I	urrent mailing address in home state or countered agent: (P.O. I	ss)	OCT - I PM 3: 0 CALLESSEE FLORI
(Purpose(s (Purpose(s) Name and <u>street</u> Name:	business c) of corporation authorized et address of Florida regis NRAI Services, I 515 East Park Ave Tallahassee	urrent mailing address in home state or countered agent: (P.O. I	ntry to be carried out in state of Florida) Box NOT acceptable) , Florida 32301	OCT - 1 PM 3: CALLEST STA CAHASSEE FLO

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.

Jessica Metzger, Assistant Secretary

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: please see attached 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. 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. S.J. Robin Choi

Samsung Fire & Marine Insurance Company, Ltd. (US Branch) Officers & Directors

Officers:

In Keun Yoo – President and Chief Executive Officer 85 Challenger Road, 6th Floor, Ridgefield Park, NJ 07660

David Allen Pieffer – Executive Vice President & Chief Underwriting Officer 85 Challenger Road, 6th Floor, Ridgefield Park, NJ 07660

S. J. Robin Choi – Vice President and General Counsel 85 Challenger Road, 6th Floor, Ridgefield Park, NJ 07660

Jun Hee Han – Treasurer and Chief Financial Officer 85 Challenger Road, 6th Floor, Ridgefield Park, NJ 07660

Directors:

In Keun Yoo – Chairman 85 Challenger Road, 6th Floor, Ridgefield Park, NJ 07660

Jae Hong Park – Director Samsung Fire Building, 20th Floor 87 Euljiro 1-Ga, Jung-gu, Seoul, 100-782, South Korea

Sang Hoon Oh – Director Samsung Fire Building, 20th Floor 87 Euljiro 1-Ga, Jung-gu, Seoul, 100-782, South Korea

David Allen Pieffer – Director 85 Challenger Road, 6th Floor, Ridgefield Park, NJ 07660

S. J. Robin Choi – Director 85 Challenger Road, 6th Floor, Ridgefield Park, NJ 07660 12 OCT - 1 PH 3: 09
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STATE OF NEW YORK

DEPARTMENT OF FINANCIAL SERVICES

It is hereby certified that

SAMSUNG FIRE & MARINE INSURANCE CO., LTD.

(United States Branch - New York, New York) of KOREA

was organized under the Laws of KOREA and was licensed to transact insurance business in the State of New York on April 01,1990 under the title of ANKUK FIRE & MARINE INSURANCE CO., LTD.;

that it changed its name to SAMSUNG FIRE & MARINE INSURANCE CO., LTD. on January 14, 1994.

IT IS HEREBY FURTHER CERTIFIED that the aforesaid Company is duly authorized in the State of New York to transact the business of fire, miscellaneous property, water damage, burglary and theft, glass, boiler and machinery, elevator, collision, personal injury liability, property damage liability, workers' compensation and employers' liability, fidelity and surety, motor vehicle and aircraft physical damage, marine and inland marine, marine protection and indemnity and legal services insurance as specified in the paragraph(s) 4, 5, 6, 7, 8, 9, 10, 12, 13, 14, 15, 16, 19, 20, 21 and 29 of Section 1113(a) of the New York Insurance Law, and also such workers' compensation insurance as may be incident to coverages contemplated under paragraphs 20 and 21 of Section 1113(a), including insurances described in the Longshoremen's and Harbor Workers' Compensation Act (Public Law No. 803, 69 Cong. as amended; 33 USC Section 901 et seq. as amended), and has been continuously licensed and remains in good standing to the date of this certificate.



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STATE OF NEW YORK

DEPARTMENT OF FINANCIAL SERVICES



In Witness Whereof, I have hereunto set my hand and affixed the official seal of this Department at the City of Albany, New York, this 20th day of September, 2012

BENJAMIN M. LAWSKY

Superintendent

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Special Deputy Superintendent

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