

Florida Department of State
Division of Corporations
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RE-SUBMIT

To:

Division of Corporations
Fax Number : (850) 617-6381

Please retain original filing
date of submission 4/26

From:

Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
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

Aurigen Reinsurance Company of America

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

RECEIVED
DIVISION OF CORPORATIONS
FLORIDA

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DIVISION OF CORPORATIONS

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Aurigen Reinsurance Company of America
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:

Cheryl E. Rogers

Name of Person

Aurigen Reinsurance Company of America
Firm/Company

Two Bridge Avenue, Suite 111

Address

Red Bank, New Jersey 07701

City/State and Zip code

cheryl.rogers@aurigenre.com

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

For further information concerning this matter, please call:

Cheryl E. Rogers

at (732) 212-6882

Name of Person

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. Aurigen Reinsurance Company of America

(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. Arkansas

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

3. 63-0483783

(FEI number, if applicable)

4. 04/08/1964

(Date of incorporation)

5. Perpetual

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

6.

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

7. 425 West Capitol Avenue, Suite 1800, Little Rock, Arkansas 72201

(Principal office address)

Two Bridge Ave, Suite 111, Red Bank, NJ 07701

(Current mailing address)

8. Life Insurance - reinsurance for life, annuity and health products

(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:

CT Corporation System

Office Address:

1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.

By:

JOE VILLOTA ASST SECRETARY 5/15/13
(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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: See attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached

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.

13. *Cheryl E. Rogers*
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. Cheryl E. Rogers, Chief Financial Officer

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

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Aurigen Reinsurance Company of America
NAIC #74900
FEIN #63-0483783

Directors

Chairman

William Larry Spiegel	2109 Broadway, Apt. 16-144	New York	NY	USA	10023
Adam James Barron	5 Spencer Hill	London	England	UK	SW19 4PA
Felix P. Chee	16 Anderson Street	Oakville	ON	Canada	L6K 1A4
Jean Claude Damerval	48 Par La Ville Road, Suite 1448	Hamilton		Bermuda	HM 11
Alex Anatol Fridlyand	350 Central Park West 9-D	New York	NY	USA	10025
Herbert Bruce Gordon	486 Alexmuir Place	Waterloo	ON	Canada	N2T 1S5
Walter Grant Hardy	3939 Rainbow Lane	Vineland	ON	Canada	L0R 2C0
Benjamin Donald Johnston	50 West 77th Street, Apt 9E	New York	NY	USA	10024
Gilbert Samuel Palter	37 Misty Crescent	Toronto	ON	Canada	M8B 2T1
Alan Kenneth Ryder	80 Douglas Drive	Toronto	ON	Canada	M4W 2B4
Philipp Hans Struth	47 Marstar Street	London	England	UK	SW2P 3DS
Srdjan Vukovic	235 West 56th Street, Apt 42P	New York	NY	USA	10019
Michael Wendell Pado	175 Comanche Drive	Oceanport	NJ	USA	07757

Officers

President & CEO
SVP - New Business Development
Chief Pricing Officer
Chief Underwriting Officer
Chief Administrative Officer
VP, Corporate Actuary
Chief Financial Officer
VP, Human Resources, Corporate Secretary

Michael Wendell Pado	175 Comanche Drive	Oceanport	NJ	USA	07757
Lou Everett Hersley	167 Vineyard Drive	Moorestville	NC	USA	28117
Vadim Marchenko	20 Maricle Ridge Road	Trumbull	CT	USA	06611
Maria Cristina Downey	50 Putnam Park Road	Bethel	CT	USA	06801
Thomas James Hartlett	34 Minuteman Drive	Milford	CT	USA	06460
Brent Hardman Arnold	130 Bodman Place, Unit 10	Red Bank	NJ	USA	07701
Cheryl Elaine Rogers	3184 Husley Drive	West Lafayette	IN	USA	47906
Mary Beth Reynolds	119 Ramona Avenue	Staten Island	NY	USA	10312

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TALLAHASSEE, FLORIDA

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Applicant Name: Aurigen Reinsurance Company of America

NAIC No. 74900
FEIN: 63-0483783

Uniform Certificate of Authority Application (UCAA)
Certificate of Compliance

State of Arkansas Insurance Department
(Domiciliary State of Applicant)

Office of Commissioner
(Commissioner, Superintendent, Officer)

I, Jay Bradford, hereby certify that I am the*
(Name)

Insurance Commissioner, of the State of Arkansas
(Position)

and have supervision of insurance business in said State and as such I hereby certify that

Aurigen Reinsurance Company of America
(Name of Insurer)

of Sherwood, Arkansas is duly organized under the laws of said State and
(city/state)

is authorized to transact the business of Life and Accident & Health insurance in this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand at

Little Rock, Arkansas
(Location)

on this 9th day of April, A.D. 2013

Jay Bradford
(Signature)

Jay Bradford
(Printed Name)

- * Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.
- ** Lines of Insurance as shown on Form 3 of UCAA



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