

**F140000004650**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

NOV 05 2014

T. SCOTT



800265728698

11/05/14--01004--004 \*\*70.00

RECEIVED  
DEPARTMENT OF STATE  
14 NOV -5 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 NOV -5 AM 9:13

APPROVED  
AND  
FILED

## COVER LETTER

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

**SUBJECT:** Amlin Reinsurance Managers 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:

James A. McKee

Name of Person

Foley & Lardner LLP

Firm/Company

106 East College Ave, Suite 900

Address

Tallahassee, FL 32301

City/State and Zip code

jmckee@foley.com

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

For further information concerning this matter, please call:

James A. McKee

Name of Person

at ( 850 ) 591-5361

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:

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. Amlin Reinsurance Managers 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. New Jersey 3. 99-0378132

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

(FEI number, if applicable)

4. June 14, 2012

(Date of incorporation)

5. Perpetual

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

6. Upon qualification.

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

7. One Deforest Avenue, Summit, NJ 07901

(Principal office address)

One Deforest Avenue, Summit, NJ 07901

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: James A. McKee

Office Address: 106 East College Ave, Suite 900

Tallahassee

(City)

32301

(Zip code)

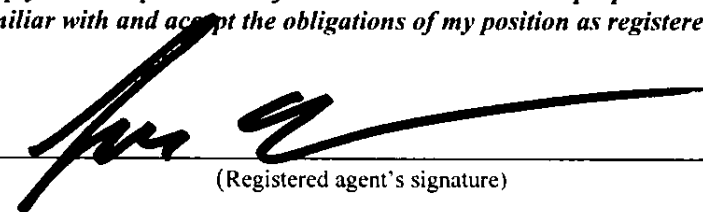
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 NOV -5 AM 9:13

APPROVED  
AND  
FILED

9. **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)

10. 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.

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

**A. DIRECTORS**

Chairman: Andrew Springett

Address: One Deforest Avenue, Summit, NJ 07901

~~DIRECTOR:~~ Anthony Foster  
~~Vice Chairman:~~

Address: One Deforest Avenue, Summit, NJ 07901

Director: Paul Brauner

Address: One Deforest Avenue, Summit, NJ 07901

Director: Thomas Clementi

Address: One Deforest Avenue, Summit, NJ 07901

**B. OFFICERS**

President: Andrew Springett

Address: One Deforest Avenue, Summit, NJ 07901

Vice President: \_\_\_\_\_

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

Secretary: Julie McLeod

Address: One Deforest Avenue, Summit, NJ 07901

Treasurer: \_\_\_\_\_

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

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

12. 

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.

13. ANDREW SPRUGETT PRESIDENT.

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

APPROVED  
AND  
FILED  
14 NOV - 5 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

**AMLIN REINSURANCE MANAGERS INC.**

0101022352

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on June 14, 2012.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and registered office are:*

*The Corporation Trust Company  
820 Bear Tavern Road  
West Trenton, NJ 08628*



Certification# 134002482

*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed my  
Official Seal at Trenton, this  
28th day of October, 2014*

A handwritten signature in black ink, appearing to read "Andrew P. Sidamon-Eristoff".

*Andrew P. Sidamon-Eristoff  
State Treasurer*

Verify this certificate at  
[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)