

F 15000002334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

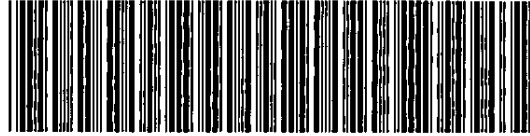
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/28/15

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Alternative Risk Transfer Statistical Solutions, 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:

William Burke Coleman, III

Name of Person

Demotech, Inc.

Firm/Company

2715 Tuller Parkway

Address

Dublin, Ohio 43017

City/State and Zip code

bcoleman@demotech.com

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

For further information concerning this matter, please call:

W. Burke Coleman, III at (614) 761-8602

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

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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. Alternative Risk Transfer Statistical Solutions, 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. Ohio 3. 47-1306845

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

(FEI number, if applicable)

4. 06/27/2014

(Date of incorporation)

5. Perpetual

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

6. No business transacted in Florida prior to registration

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

7. 2715 Tuller Parkway, Dublin, Ohio 43017

(Principal office address)

same as above

(Current mailing address)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

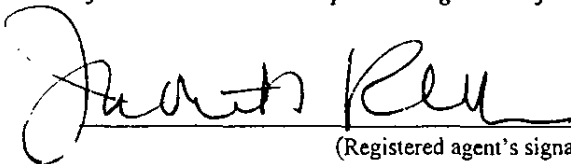
(City)

, Florida 32301

(Zip code)

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)

Judith Reyes
Assistant Secretary

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.

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TALLAHASSEE, FLORIDA

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

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A. DIRECTORS

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Chairman: Joseph L. Petrelli

Address: 2715 Tuller Parkway, Dublin, Ohio 43017

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: N/A

Address: _____

Director: N/A

Address: _____

Director: N/A

Address: _____

B. OFFICERS

President: Joseph L. Petrelli

Address: 2715 Tuller Parkway, Dublin, Ohio 43017

Vice President: N/A

Address: _____

Secretary: William Burke Coleman, III

Address: 2715 Tuller Parkway, Dublin, Ohio 43017

Treasurer: Victoria M. Dimond

Address: 2715 Tuller Parkway, Dublin, Ohio 43017

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

12. William Burke Coleman III
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. William Burke Coleman, III, Secretary

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

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

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SECRETARY OF STATE
ATLANTA, GEORGIA

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ALTERNATIVE RISK TRANSFER STATISTICAL SOLUTIONS, INC., an Ohio corporation, Charter No. 2306799, having its principal location in Columbus, County of Franklin, was incorporated on June 27, 2014 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 20th day of May, A.D. 2015.*

Jon Husted

Ohio Secretary of State

Validation Number: 201514000571