F18000001493

(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:				

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03/28/18--01010--021 **78.75

2018 MAR 28 PH 2: 31

MAR 29 70.0 J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	Munich Re America Servi	ces, Inc.		
5000		e of corporation	- must include suffix	
Dear S	ir or Madam;			
"Certif	iclosed "Application by Foreign ficate of Existence," or "Certificate of Existence," or "Certificate of Existence of Exist	ate of Good Star	iding" and check are su	act Business in Florida," bmitted to register the
	return all correspondence conce Sanfilippo	rning this matter	to the following:	
		Name of	Person	
Munich	h Reinsurance America, Inc.			
555 Co	llege Road East	Firm/Com	pany	
		Addre	ess	
Princet	on/N			
	_	City/State a	nd Zip code	
jsanfili ———	ppo@munichreamerica.com			
	E-mail addre	ss: (to be used f	or future annual report	notification)
For fur	ther information concerning this	matter, please c	all:	
Jill Sanfilippo		609	243-8770	
	Name of Person	Area Code	Daytime Telep	phone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		SS:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314	
Enclose	ed is a check for the following a	nount:		
□ \$70	.00 Filing Fee	ing Fee & e 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.

l	MERICA SERVICES, INC. proporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION."		
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")			
(If name unavaila	ble in Florida, enter alternate corporate name ad		usiness in Florida)	
DELAWARE 2.	3.	13-3069874		
	3			
	of incorporation)			
	I East, Princeton, NJ 08540	office address) address, if different)	2016 TAL	
3. Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	Registered Agent Solutions, Inc.		AR 28	
Office Address:	155 Office Plaza Drive, Suite A			
	Tallahassee	32301 Florida	1.53 F	
	(City)	(Zip code)		
designated in this further agree to co	ed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes relamiliar with and accept the obligations of	ent as registered agent and agree lative to the proper and complete	to act in this capucity. performance of my	
	_ 	ent'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. DIRI	ECTORS Anthony I Kynninghi			
Chairman			<u>-</u>	
Address:	555 College Road East			
	Princeton, NJ 08540	_	_	
Vice Chai	rman:			
Address:			 -	
Director:	Richard A. Olsen			
Address:	555 College Road East			
	Princeton, NJ 08540			
Director:	Robin H. Willcox	<u></u>	_	
	555 College Road East			
	Princeton, NJ			
B. OFFI	CERS			
President:	Anthony J. Kuczinski			
	555 College Road East			
		- C	8	
Vice Presi	dent:	<u> </u>	AR	
			60	פייים
		EU.	75	Paraeri
Secretary:	Ignacio Rivera, Deputy General Counsel & Secretary	375 575 575	₹ 5.3	
Address: _	555 College Road East, Princeton, NJ 08540	 '		
Treasurer:	Richard A. Olsen, SVP and Chief Financial Officer			
	555 College Road East, Princeton, NJ 08540			
NOTE: 1	f necessary, you may attach an addendum to the application listing additional officers and/or	directo	ors	
		an een	J. J.	
are true ai a third des	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the fand that he or she is aware that false information submitted in a document to the Department of gree felony as provided for in s.817.155, F.S. io Rivera, Deputy General Counsel & Secretary	acts sta f State	ited he	rein itutes
	(Typed or printed name and capacity of person signing application)			

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MUNICH RE AMERICA SERVICES, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JANUARY, A.D.

2018.

50

Authentication: 201967986

Date: 01-12-18