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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

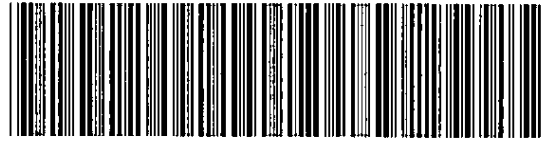
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DIVISION OF CORPORATE FINANCE
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Langhorne Reinsurance (Arizona) Ltd 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:

Jennifer Kraham

Name of Person

Kutak Rock LLP

Firm/Company

8601 N Scottsdale Rd. #300

Address

Scottsdale, AZ 85253

City/State and Zip code

jennifer.kraham@kutakrock.com

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

For further information concerning this matter, please call:

Jennifer Kraham

Name of Person

at (480)

Area Code

429-4835

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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. Langhorne Reinsurance (Arizona) Ltd 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. Arizona 3. 75-1168687

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

(FEI number, if applicable)

4. 5/4/1964

(Date of incorporation)

5. _____

(Date of duration, if other than 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. 16600 Swingley Ridge Road, Chesterfield, MO 63017

(Principal office address)

(Current mailing address, if different)

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

Name: Jimmy Patronis, CFO

Chief Financial Officer

Office Address: 200 E. Gaines Street

Tallahassee

(City)

Florida 32399

(Zip code)

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RECEIVED
FLORIDA SECRETARY OF STATE
CORPORATE RECORDS DIVISION

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: n/a

Address: _____

Vice Chairman: n/a

Address: _____

Director: Amy Gibson

Address: 16600 Swingley Ridge Road

Chesterfield, MO 63017-1706

Director: Stephanie J. Koch

Address: 16600 Swingley Ridge Road

Chesterfield, MO 63017-1706

B. OFFICERS

President: n/a

Address: _____

Vice President: n/a

Address: _____

Secretary: Jennifer A. Smith

Address: 16600 Swingley Ridge Road, Chesterfield, MO 63017-1706

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 11 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. Jennifer A. Smith, Secretary

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

Langhorne Reinsurance (Arizona) Ltd – Supplemental Officer and Director List

In addition to the directors and officers reported on the Application by Foreign Corporation for Authorization to Transact Business in Florida, please see the list of additional officers and directors below:

Name	Title	Role Start	Address
Cockrill, Laura	Director	7/2/2018	16600 Swingley Ridge Road Chesterfield, MO 63017-1706
Maher, James	Director	7/2/2018	RenaissanceRe US Inc. 140 Broadway, Ste. 4200 New York, NY 10005
Marra, David	Director	7/2/2018	RenaissanceRe US Inc. 140 Broadway, Ste. 4200 New York, NY 10005
Regan, Michael	Director	7/2/2018	RenaissanceRe US Inc. 140 Broadway, Ste. 4200 New York, NY 10005
Zonca, Stephen A.	Chief Executive Officer	10/1/2018	7302 Mayfair Court University Park, Florida 34201

STATE OF ARIZONA
DEPARTMENT OF INSURANCE
CERTIFICATE OF AUTHORITY

I, Kurt A. Regner, Assistant Director of Insurance of the State of Arizona, do hereby certify that

Langhorne Reinsurance (Arizona) Ltd

Domiciled in Arizona

NAIC No. 71323

has complied with the requirements of the Arizona Revised Statutes, Title 20 and is hereby authorized, subject to the provisions thereof and the charter powers of said Company, to transact the following kinds of insurance business:

Disability

Life

within the State of Arizona unless surrendered, suspended or revoked by the Director of Insurance.

In TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Director of Insurance at the City of Phoenix. The effective date of this certificate is September 11, 2018.



Kurt A. Regner
Assistant Director



STATE OF ARIZONA



Office of the CORPORATION COMMISSION

TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETING:

THE EXECUTIVE DIRECTOR OF THE ARIZONA CORPORATION COMMISSION DOES HEREBY CERTIFY THAT THE RECORDS IN THIS OFFICE SHOW THAT

LANGHORNE REINSURANCE (ARIZONA) LTD

AN ARIZONA CORPORATION, DID ON THE 4TH DAY OF May 1964 FILE ARTICLES OF INCORPORATION AS A NON-FILING INSURANCE COMPANY.

IN WITNESS WHEREOF, I have hereunto set my hand and the official seal of the Arizona Corporation Commission on this date:
1 Day of November, 2018 A.D.



A stylized signature of Ted Vogt.

Ted Vogt, Executive Director

By: A stylized signature of Leticia Alonzo.

Leticia Alonzo