

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

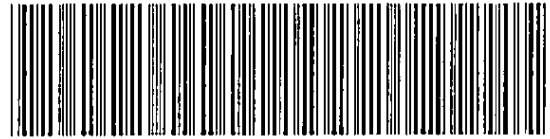
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEB 10 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 173342 7615650

AUTHORIZATION :



COST LIMIT : \$ 87.50

ORDER DATE : February 6, 2020

ORDER TIME : 11:03 AM

ORDER NO. : 173342-015

CUSTOMER NO: 7615650

FOREIGN FILINGS

NAME: VENTUS RISK MANAGEMENT, INC.

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XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ventus Risk Management, 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:

Melissa B. Gilligan

Name of Person

Arch Insurance Group Inc.

Firm/Company

185 Asylum Street, CityPlace II, 16th Floor

Address

Hartford, CT 06103

City/State and Zip code

mgilligan@archinsurance.com

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

For further information concerning this matter, please call:

Melissa B. Gilligan

at (860) 7132029

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$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. Ventus Risk Management, 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. Delaware 3. 47-5537185
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/4/2015 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. 1/1/2020
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1030 Wildwood Centre Drive, Suite A, Columbia, SC 29229
(Principal office street address)
1030 Wildwood Centre Drive, Suite A, Columbia SC 29229
(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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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.

Corporation Service Company
By: [Signature] Kadesha Roberson
(Registered agent's signature) Asst. Vice President

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☒ Chairman Name: Matthew Shulman
☐ Vice Chairman Address: Harborside 3, 210 Hudson St.
☐ Director Suite 300
☐ President Jersey City, NJ 07311
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Christine A. Cirillo
☐ Vice Chairman Address: Harborside 3, 210 Hudson St.
☐ Director Suite 300
☐ President Jersey City, NJ 07311
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other Asst. Secretary ☐ Other _____

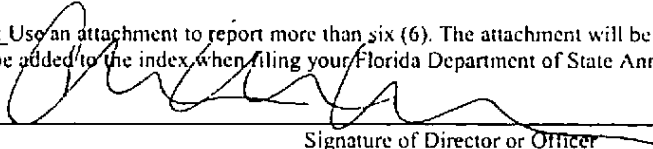
☐ Chairman Name: Stuart Mercer
☐ Vice Chairman Address: 1030 Wildwood Centre Dr.
☐ Director Suite A
☐ President Columbia, SC 29229
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other CEO ☐ Other _____

☐ Chairman Name: Patrick K. Nails
☐ Vice Chairman Address: Harborside 3, 210 Hudson St.
☐ Director Suite 300
☐ President Jersey City, NJ 07311
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Thomas J. Ahern
☐ Vice Chairman Address: Harborside 3, 210 Hudson St.
☐ Director Suite 300
☐ President Jersey City, NJ 07311
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Richard Goldfarb
☐ Vice Chairman Address: Harborside 3, 210 Hudson St.
☐ Director Suite 300
☒ President Jersey City, NJ 07311
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. Christine A. Cirillo, Assistant Secretary
(Typed or printed name and capacity of person signing application)

VENTUS RISK MANAGEMENT, INC.	Address
Directors:	
Richard Goldfarb	1030 Wildwood Centre Dr. Suite A, Columbia, SC 29229
Stuart Mercer	1030 Wildwood Centre Dr. Suite A, Columbia, SC 29229
Matt Shulman, Chairman	Harborside 3, 210 Hudson St. Suite 300, Jersey City, NJ 07311
Thomas Ahern	Harborside 3, 210 Hudson St. Suite 300, Jersey City, NJ 07311
Patrick Nails	Harborside 3, 210 Hudson St. Suite 300, Jersey City, NJ 07311
Officers:	
Stuart Mercer, CEO	1030 Wildwood Centre Dr. Suite A, Columbia, SC 29229
Richard Goldfarb, President	1030 Wildwood Centre Dr. Suite A, Columbia, SC 29229
Thomas Ahern, Treasurer	Harborside 3, 210 Hudson St. Suite 300, Jersey City, NJ 07311
Patrick K. Nails, Secretary	Harborside 3, 210 Hudson St. Suite 300, Jersey City, NJ 07311
Melissa Gilligan, Assistant Secretary	185 Asylum St. CityPlace II, 16th Fl. Hartford, CT 06103
Christine Cirillo, Assistant Secretary	Harborside 3, 210 Hudson St. Suite 300, Jersey City, NJ 07311
Elizabeth Dichiara, Assistant Vice President	Harborside 3, 210 Hudson St. Suite 300, Jersey City, NJ 07311
Camille Wygand, Assistant Treasurer	Harborside 3, 210 Hudson St. Suite 300, Jersey City, NJ 07311

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VENTUS RISK MANAGEMENT, 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 TENTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VENTUS RISK MANAGEMENT, INC." WAS INCORPORATED ON THE FOURTH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2019 FEB -7 PM 9:33



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SR# 20198532116

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204174143

Date: 12-10-19