

F95000003330

Document Number Only

C T CORPORATION SYSTEM

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, Florida 32301

City State Zip Phone  
904-222-1092

CORPORATION(S) NAME

800001535833  
-07/12/95--01055--004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Risk Enterprise Management Limited, Inc

- Profit
- NonProfit
- Limited Liability Company
- Foreign
- Amendment
- Merger
- Dissolution/Withdrawal
- Mark
- Limited Partnership
- Reinstatement
- Annual Report
- Reservation
- Other
- Change of R.A.
- Fictitious Name
- Certified Copy
- Photo Copies
- CUS/ G/S
- Call When Ready
- Walk In
- Mail Out
- Call if Problem
- Will Wait
- After 4:30
- Pick Up

mtm

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

3:00  
7-12-95

PLEASE RETURN EXTRA COPY(S)  
FILE STAMPED

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:

1. Risk Enterprise Management Limited, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or  
abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person  
or partnership if not so contained in the name at present.)

2. Delaware 3. 13-3832689  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 22, 1994 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.165, F.S.)

7. 59 Maiden Lane, New York, New York 10038

(Current mailing address)

8. All authorized insurance services allowable other than underwriting and brokerage.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: Insurance Commissioner

Office Address: Capitol

Tallahassee, Florida, 32399-0300  
(Zip Code)

10. 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.*

Insurance Commissioner  
(Registered agent's signature)

11. 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. 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.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Peter Johnson

Address: 59 Malden Lane

New York, New York 10038

Vice Chairman: \_\_\_\_\_

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

Director: Steven D. Germain

Address: 59 Malden Lane

New York, New York 10038

Director: Carol Rennie

Address: 59 Malden Lane

New York, New York 10038

B. OFFICERS

President: see attached list of officers

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

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

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

Secretary: \_\_\_\_\_

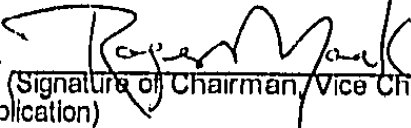
Address: \_\_\_\_\_

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

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

\_\_\_\_\_

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

13.  \_\_\_\_\_  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Roger Moak, Secretary \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

RECEIVED  
MAY 15 1984  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE

Appendix to Alaska  
Application for Certificate of Authority

**Officers of  
Risk Enterprise Management Limited**

---

1. Peter Johnson, President & Chief Executive Officer  
59 Maiden Lane  
New York, New York 10038
2. Roger M. Moak, General Counsel & Secretary  
59 Maiden Lane  
New York, New York 10038
3. Richard H. Hershman, Treasurer  
59 Maiden Lane  
New York, New York 10038
4. Cynthia J. Lenkiowicz, Assistant secretary  
59 Maiden Lane  
New York, New York 10038

1978  
10038  
10038  
10038  
10038

State of Delaware  
Office of the Secretary of State

---

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RISK ENTERPRISE MANAGEMENT LIMITED" 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 TWENTY-SEVENTH DAY OF JUNE, A.D. 1995.

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

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



*Edward J. Freel*

Edward J. Freel, Secretary of State

2464286 8300

950143193

AUTHENTICATION:

7554368

DATE:

06-27-95



# FA 50000003330

CT System

November 8, 1995

*Susan Payne*

CT Corporation System  
1633 Broadway  
New York, NY 10019  
212 315 7910  
Fax 212 247 3023

Secretary of State  
Corporate Records Bureau  
Division of Corporation  
409 East Gaines Street  
Tallahassee, Florida 32309

Re: RISK ENTERPRISE MANAGEMENT LIMITED  
ORDER# 323971

500001633065  
-11/09/95--01048--006  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Gentlemen/Madam:

Pursuant to our conversation on Monday, November 8th enclose for filing/recording on behalf of the above corporation(s) documents identified below:

<input type="checkbox"/> Incorporation	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Change of Agent/Office
<input type="checkbox"/> Qualification	<input type="checkbox"/> Domestic Evidence	<input type="checkbox"/> Domestic Foreign
<input type="checkbox"/> Dissolution	<input type="checkbox"/> Merger	<input type="checkbox"/> UCC
<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Evidence	<input type="checkbox"/> UCC-1
<input type="checkbox"/> Other		<input type="checkbox"/> UCC-3

Enclosed is a check for the amount of \$35.00 to cover the filing fee. Kindly return evidence of filing to the undersigned. If there are any problems, please call us at the following toll free number: 1-800-223-7567.

Thank you for your cooperation and assistance in this matter.

Sincerely,

*Donna M. Liggon*  
Donna M. Liggon

Enc.

COUNSEL: John Garb  
Risk Enterprise Management Limited

FILED  
95 NOV -9 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS: Please file as soon as possible and return stamped filed copy to my attention in the enclosed self-addressed stamped envelope. Thank you.

RAIRO change  
*sp*

Florida Department of State, Jim Smith, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of DELAWARE submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Risk Enterprise Management Limited, Inc.

1b. Date of incorporation July 12, 1995 Document number F95000003330

2. The name and address of the current registered agent and office:

Insurance Commissioner of the State of Florida

3. The name and address of the new registered agent and office:  
(P.O. Box Not Acceptable)

C T CORPORATION SYSTEM

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature]  
SIGNATURE

DATE

Executive Vice President, General Counsel and Secretary

Typed or printed name and title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

C T CORPORATION SYSTEM

SIGNATURE BY: Connie Bryen, Special Assistant Secretary  
(Registered Agent) Connie Bryen,

DATE 11.3.95 Special Asst. Secretary

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

FILED  
NOV -9 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA