

Document Number Only

C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

500002602815--4
-07/30/98--01060--014
****131.25 ****131.25

Sable Insurance Company

☒ Profit

☐ NonProfit

☒ Limited Liability Company

☒ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Fict. Filing

☐ Change of R.A.

☒ Limited Liability Partnership

☐ UCC-1 UCC-3

☒ Certified Copy

☐ Photo Copies

☒ CUS

☐ Call When Ready

☐ Call if Problem

☐ After 4:30

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☐ Will Wait

☒ Pick Up

☐ Mail Out

Name
Availability

Document
Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

JUL 30 1998

Please Return Extra Copy(s)
Filed Stamp

Thanks, Melanie

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. Sable Insurance Company
(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. California 3. 94-3242543
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 8, 1996 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 817.155, F.S.)

7. 433 California Street, 11th Floor
San Francisco, CA 94104-2015
(Current mailing address)

8. For Sale of Insurance
(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.

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DIVISION OF CORPORATIONS
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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: See Attached Rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: See Attached Rider

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. Susan Spencer Secretary + Director
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. SUSAN SPENCER Secretary + Director
(Typed or printed name and capacity of person signing application)

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DIVISION OF CORPORATIONS
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Names and Addresses of Officers and/or Directors:

<u>NAME</u>	<u>POSITION</u>	<u>ADDRESS</u>
1. Dennis Anthony Busti	Director	77 Water Street New York, NY
2. Kenneth Stefan Fekete	Vice President	77 Water Street New York, NY
3. Paul Claude Hudson	Director	4835 W. Venice Blvd. Los Angeles, CA
4. Albert Joseph Marino	Director	77 Water Street New York, NY
5. Mark Lloyd Owens	Director	77 Water Street New York, NY
6. Edward S. Rice, Jr.	Chief Operating Officer	433 California Street 11 th Floor San Francisco, CA
7. Aaron Richardson	President, Director	433 California Street 11 th Floor San Francisco, CA
8. Joseph Wendell Robinson	Chief Financial Officer	433 California Street 11 th Floor San Francisco, CA
9. Margot Jeanne Ross	Vice President	433 California Street 11 th Floor San Francisco, CA
10. Susan Lynn Spencer	Vice President, Secretary,	433 California Street 11 th Floor San Francisco, CA
11. Jeffery Alan Welikson	Director	433 California Street 11 th Floor San Francisco, CA

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State of California

SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, **BILL JONES**, Secretary of State of the State of California, hereby certify:

That on the 8th day of April, 19 96,

SABLE INSURANCE COMPANY

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal of
the State of California this day of

July 28, 1998.



Bill Jones

Secretary of State