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660 East Jefferson Street		17 80° L	√

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

A CCH LEGAL INFORMATION SERVICES COMPANY

PECEIVE OF STATE OF S

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Summit Insurance Advisors, LLC (Name of foreign limited liability company)		
	•		
2.	New Jersey 3, 52-2235466		- 4
((Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)		
(company is organized)		
4.	May 2, 2000 5. perpetual		
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")		
6.	upon qualification	=	TT
	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)		
7.	14 Commerce Drive, Cranford, NJ 07016		<u>.</u>
•			
			• -
	(Street address of principal office)		
Ω	If limited liability company is a manager-managed company, check here	_	
٥.	If infinited hability company is a manager manager company, see an experience of the company is a manager manager and the company is a manager man		
9.	The usual business addresses of the managing members or managers are as follows:	0	
-	SZ.	N	-T-T-
	- See attached.	7	
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10	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco	nds in	
the	e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a		-
tra	instation of the certificate under oath of the translator must be submitted.)		
11	Nature of business or purposes to be conducted or promoted in Florida: Insurance Agency/Brokerage		
	If Sharly		. •
	Signature of a member or an authorized representative of a member.	,	
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)		

Typed or printed name of signee

FILED

Summit Insurance Advisors, LLC - List of Managers & Members SECRETARY OF

Y ANDRESSES	HOUL GILL LAW LINGTEN	ALAYO VA MAHAMAGOA	CALL OF TAXOUTOCAL	TATTURETARY	oς βο
Name/Title	Business Address	Residence Address	Date of Birth	Soc Sec # SSE	J. Soke.
Stewart E. McClure, Jr.	355 Madison Avenue	90 Spring Hill Road	- 1	044-40-0140 Manager	Manager'
Chairman of the Board	Morristown, NJ 07960	Mendham, NJ 07945			
Thomas J. Sharkey, Jr.	14 Commerce Drive	One Starlite Drive	11/30/58	158-52-8231	Manager
James O'Connor	14 Commerce Drive	1400 Crabapple Drive	07/03/63	144-52-0550	Manager
Sr. Executive Vice-President-Business Development	Cranford, NJ 07016	Manasquan, NJ 08736			,
Frank Cotroneo	10 Madison Avenue	10 Thistle Lane	08/12/50	145-40-5964	Manager
Sr. Executive Vice-President-Employee Benefits	Morristown, NJ 07960	Warren, NJ 07059			
Peter Gruenberg	14 Commerce Drive	17 Old Dutch Road	06/17/63	135-62-5980	Manager
Sr. Executive Vice-President-Employee Benefits	Cranford, NJ 07016	Warren, NJ 07059	-		
Brian P Leddy	14 Commerce Drive	129 Makatom Drive	01/18/44	156-48-8089	Manager
Sr. Executive Vice-President-Property & Casualty	Cranford, NJ 07016	Cranford, NJ 07016			
Paul J. Michaels	350 Passaic Avenue	21 Edgewood Road	02/13/44	143-34-5437	Manager
Sr. Executive Vice-President-Property & Casualty	Fairfield, NJ 07004	Montclair, NJ 07042			
Joseph P. Roth	350 Passaic Avenue	496 West Shore Trail	04/04/48	059-40-5163	Manager
Executive Vice-President-Property & Casualty	Fairfield, NJ 07004	Sparta, NJ 07871			
Glenn P. Vatasin	14 Commerce Drive	50 Stonehouse Road	05/08/62	146-40-1515	Manager
Sr. Vice-President - Administration Assistant Secretary	Cranford, NJ 07016	Glen Ridge, NJ 07028			
Dennis M. Spinelli	301 Carnegie Center	336 Murray Drive	05/17/61	149-64-6606	Manager
Sr. Vice-President-Corporate Tax	Princeton, NJ 08543	Jackson, NJ 08527			
Assistant freastrer	201	27 5 1 5 .	0/100151	190 44 1714	1
Marion B. Brady St. Vice President Deal Estate Operations	301 Carnegie Center	Chatham NII 07028	15/82/90	182-44-1/14	Manager
Jav Ahlbeck	14 Commerce Drive	1015 Sleepv Hollow Lane	02/07/61	293-72-4152	Manager
Vice-President-Life Insurance	Cranford, NJ 07016	Plainfield, NJ 07060		í	.(
Michael Colman	14 Commerce Drive	4 Ferland Lane	05/14/54	156-48-8089	Manager
Vice-President-Surplus Lines	Cranford, NJ 07016	Aberdeen, NJ 07747			
Richard Crater	14 Commerce Drive	224 Washington Avenue	08/26/44	148-34-4021	Manager
Vice-President-Human Resources	Cranford, NJ 07016	Chatham, NJ 07928			
Richard F. Ober, Jr.	301 Carnegie Center	85 Fairway Drive	12/12/43	220-42-8288	Manager
Secretary	Princeton, NJ 08543	Princeton, NJ 08540			
Lori A. Wierezbinsky	301 Carnegie Center	7400 Route 518	04/27/61	158-44-4723	Manager
Assistant Secretary	Princeton, NJ 08543	Princeton, NJ 08540			
Sanjiv Shah	14 Commerce Drive		12/22/63	228-51-2490	Manager
Chief Financial Officer & Treasurer	Cranford, NJ 07016	Boxwood, NJ 08884			
Surunit Bank	210 Main Street	N/A	N/A	N/A	Member
	Hackensack, NJ, 07602				

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

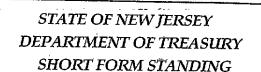
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

rida street address o	f the registered as	gent and office are:
C T Corporation	ı System	
	(Name)	
		ACCEPTABLE)
Plantation	FL	33324
	C T Corporation	C T Corporation System (Name) 1200 South Pine Island Road Florida street address (P.O. Box NOT)

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

\$ 100.00 Filing Fee for Application Designation of Registered Agent \$ 25.00 Certified Copy (optional) \$ 30.00 5.00

Certificate of Status (optional)



SUMMIT INSURANCE ADVISORS, LLC

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on May 2, 2000.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Summit Corporate Secretary, Inc. 301 Carnegie Center P O Box 2066 Princeton, NJ 08543

Continued on next page . . .

TALLAHASSEE, FI ABILE

PAND FILED



STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

SUMMIT INSURANCE ADVISORS, LLC



IN TESTIMONY WHEREOF, I have

hereunto set my hand and affixed my Official Seal at Trenton, this 2nd day of March, 2001

Mill Kannence

Peter R Lawrance Acting State Treasurer

FILED