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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

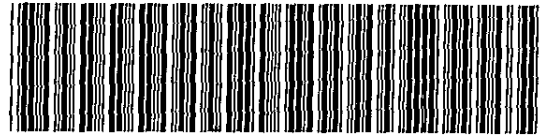
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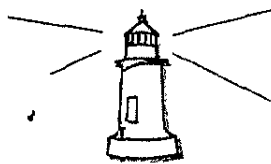


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FILED
2003 AUG 21 AM 10:38
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN AUG 22 2003



HIRMIP®

**Health Reinsurance Management Partnership
International and Domestic Medical and Disability Reinsurance Managers
Administrators for Insurance Companies**

**5 Hutchinson Drive
Danvers, MA 01923
Phone: (978) 762-9780
Fax: (978) 762-4767**

VIA OVERNIGHT MAIL

August 20, 2003

Florida Department of State
Registration Section
409 East Gaines Street
Tallahassee, FL 32399

**FILED
2003 AUG 21 AM 10:38
BUREAU OF CORPORATIONS
TALLAHASSEE, FLORIDA**

**Re: International Reinsurance Managers, LLC
Application by Foreign LLC to Transact Business in Florida**

To Whom It May Concern:

Enclosed please find the completed application of our affiliate company International Reinsurance Managers, LLC to transact business in Florida as a foreign LLC. Also enclosed are the Registered Agent designation, an original certificate of existence from the Commonwealth of Massachusetts, and a check for \$160 to cover the cost of the application, registered agent designation, certified copy and certificate of status. Thank you for your attention to this matter.

Very truly yours,

Miguel A. Gonzalez
Contracts Manager

Enclosures

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

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

1. International Reinsurance Managers, LLC
(Name of foreign limited liability company)
2. Massachusetts 3. 04-3338884
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 12/13/96 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. 1/1/97
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 7205 Corporate Center Drive, Suite 410 Miami, FL 33126
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:

Edmund Santiago, 7205 Corporate Center Drive, Suite 410 Miami, FL 33126

Monica Hainer 1787 Sentry Parkway, Suite 420 Blue Bell, PA 19422

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Reinsurance management

Monica M. Hainer
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.)

Monica M. Hainer

Typed or printed name of signee

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2003 AUG 21 AM 10:38
BIRMINGHAM OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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.

1. The name of the Limited Liability Company is:

International Reinsurance Managers, LLC

2. The name and the Florida street address of the registered agent and office are:

Edmund Santiago

(Name)

7205 Corporate Center Drive, Suite 410

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Miami

FL 33126

(City/State/Zip)

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.


(Signature)

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

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2003 AUG 21 AM 10:38
BILLY J. CORPORA
TALLAHASSEE, FLORIDA



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

August 12, 2003

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

INTERNATIONAL REINSURANCE MANAGERS LLC

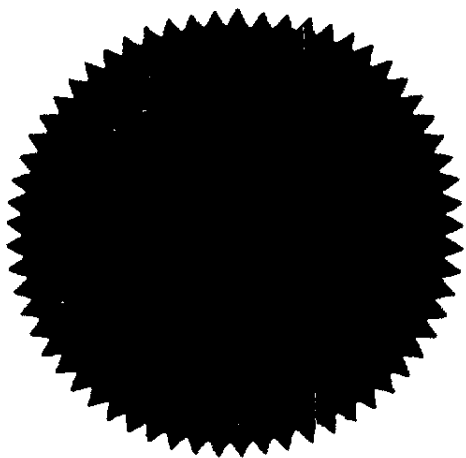
in accordance with the provisions of Massachusetts General Laws Chapter 156C on **December 13, 1996.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that, said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **ROBERT K. O'BRIEN, MONICA HAINER, GLENN HICKLING**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **NONE**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **NONE**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA