2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 29, 2008
Secretary of State

DOCUMENT# M04000002091

Entity Name: CSFB PRIVATE INSURANCE BROKERAGE LLC

Current Principal Place of Business:

ATTN: CORPORATE TAX DEPT.
11 MADISON AVENUE, 8TH FLOOR
NEW YORK, NY 10010

New Principal Place of Business:

Current Mailing Address:

ATTN: CORPORATE TAX DEPT.
11 MADISON AVENUE, 8TH FLOOR
NEW YORK, NY 10010

New Mailing Address:

FEI Number: 36-4553646 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: C T CORPORATION SYSTEM

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BUERGI, SANDRA
Address: 11 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10010

Title: MGR ( ) Delete
Name: ROSEMAN, DOUGLAS
Address: 11 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10010

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BEROY, PEDRO
Address: 11 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10010

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DOUGLAS ROSEMAN MGR 10/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date