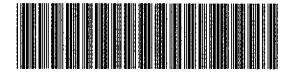
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D. BRUCE

CR2E027 (9/10)

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Research Underwriters, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

•		. 3				
Jessica	L. Johnson	1				
		Name of Person		• • • • • • • • • • • • • • • • • • • •	_	
Hergen	roeder Reg	a Ewing &	& Kenn	edy, LLC	` -	
		Firm/Company				
650 Sm	ithfield St.,	Suite 170	0			
		Address			-	
Pittsbur	gh, PA 152	22				
	City/	State and Zip Code			_	
smink@	researchun	derwriters	s.com	<u> </u>	2013	
 	E-mail address: (to be us	ed for future annual	report notificati	on)		
For further information concerning	this matter, please call:			နှင့် တွင်	MAY 21	***************************************
Jessica Joh	inson	_{at (} 412	208-3	326 E	~<	
Name o	f Person A	rea Code & Daytime	Telephone Nur	nber 🚫	γ! (s	-
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Divis Regis Clifto 2661	ion of Corporations stration Section on Building Executive Center Ci hassee, FL 32301	rcle	Da	29 29	
Enclosed is a check for the fo				•		
□ \$125.00 Filing Fee	■ \$130.00 Filing Fee & Certificate of Status	: ☐ \$155.00 Filir Certified Co		\$160.00 Filing Fee, of Status & Certifie		.e

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. Research Underwriters, LLC	
(Name of Foreign Limited Liability Company; must include	de "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpos consent of the managers or managing members adopting the alter Company," "L.I.C," "L.I.C.")	se of transacting business in Florida and attach a copy of the written nate name. The alternate name must include "Limited Liability
_{2.} Pennsylvania	20-1279627
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. December 28, 2000 (Date of Organization)	Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. February 4, 2013 (Date first transacted business in Flo	· ·
(Sec sections 608.501 & 608.502 F.S.	to determine penalty liability)
7. 4240 Greensburg Pike	
Pittsburgh, PA 15221	
(Street Address	of Principal Office)
8. If limited liability company is a manager-managed	
9. The name and usual business addresses of the mana	
Stephen M. Friedberg	↑ 12 1
4240 Greensburg Pike	PH [
Pittsburgh, PA 15221	12: 25 STATE CONID
the jurisdiction under the law of which it is organized. (A photocopt anslation of the certificate under eath of the translator must be sub-	mitted.)
11. Nature of business or purposes to be conducted or	promoted in Florida:
(In accordance with section 608.408(3), F.S., the exec penaltics of perjury that the facts stated herein are tru	thorized representative of a member. ution of this document constitutes an affirmation under the e. I am aware that any false information submitted in a
document to the Department of State constitutes Sharon Mink	a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

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 Comp Research Underwriters, L	. · _	
If unavailable, the alternate to be used in the	e state of Florida is:	
2. The name and the Florida street address	of the registered agent and office are:	
Joaquin de la C	ova	
	(Name)	_
5100 Town Cen	nter Circle, Suite 300	_ % %
Florida Street Ado	dress (P.O. Box NOT ACCEPTABLE)	
Boca Raton	_{FL} 33486	ZIII HAY 2 I
	City/State/Zip	07 S F F F F F F F F F F F F F F F F F F

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, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

MAY 9, 2013

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

RESEARCH UNDERWRITERS, LLC

of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Care airere

Certification Number: 11063654-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp