

M25000004976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

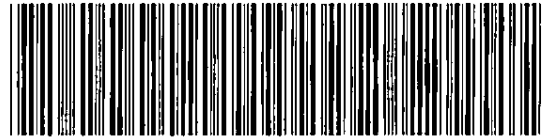
(Document Number)

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2025 APR 8 PM 4:43

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2025 APR - 8 PM 4:43  
FBI - NEW YORK

M. SOLOMON

APR - 8 2025

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gallagher Re Insurance Program Solutions, 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:

Katie Lenguadoro

Name of Person

Westmont Associates, Inc.

Firm/Company

1763 Marlton Pike East, Suite 200

Address

Cherry Hill, NJ 08003

City/State and Zip Code

katie@westmontlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katie Lenguadoro

856

216-0220

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Gallagher Re Insurance Program Solutions, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC")

2. NY 3. 33-3166078  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

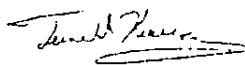
5. 300 Madison Avenue, 28th Fl. 6. 300 Madison Avenue, 28th Fl.  
(Street Address of Principal Office) (Mailing Address)  
New York, NY 10017 New York, NY 10017

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation 33324  
(City) (Zip code)  
Florida

**Registered agent's acceptance:**

*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 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.*



(Registered agent's signature) Ternell Kearney Assistant Secretary

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Divya Dattani

☐ Member Address: 300 Madison Avenue, 28th Fl

☐ Authorized New York, NY 10017

Person

☒ Other Vice President ☐ Other

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Richard Cary

☐ Member Address: 300 Madison Avenue, 28th Fl

☐ Authorized New York, NY 10017

Person

☒ Other President ☐ Other

☐ Manager Name: Andrew Moss

☐ Member Address: 300 Madison Avenue, 28th Fl

☐ Authorized New York, NY 10017

Person

☒ Other Vice President ☐ Other

☐ Manager Name: April Engelman

☐ Member Address: 300 Madison Avenue, 28th Fl

☐ Authorized New York, NY 10017

Person

☒ Other Vice President ☐ Other

☐ Manager Name: Terry Holley

☐ Member Address: 300 Madison Avenue, 28th Fl

☐ Authorized New York, NY 10017

Person

☒ Other Vice President ☐ Other

☐ Manager Name: Patricia Hinton

☐ Member Address: 300 Madison Avenue, 28th Fl

☐ Authorized New York, NY 10017


Person

☒ Other Vice President ☐ Other

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signed by 

Signature of an authorized person

Divya Dattani

Typed or printed name of signer

2025 APR -8 PM 4:33

Gallagher Re Insurance Program Solutions, LLC  
Officer & Director List

Name	Title	Address
Amy McClary	Vice President - Global Tax	300 Madison Avenue, 28th Fl, New York, NY 10017
Brian Adam Flasinski	Vice President	300 Madison Avenue, 28th Fl, New York, NY 10017
Deborah Tek	Assistant Treasurer	300 Madison Avenue, 28th Fl, New York, NY 10017
Donna Jenner	Secretary	300 Madison Avenue, 28th Fl, New York, NY 10017
Gina Montalbano Goodrich	Assistant Secretary	300 Madison Avenue, 28th Fl, New York, NY 10017
Patricia Wong	Assistant Treasurer	300 Madison Avenue, 28th Fl, New York, NY 10017
Sara Walsh Elliott	Assistant Treasurer	300 Madison Avenue, 28th Fl, New York, NY 10017
Steve Valenzuela	Vice President	300 Madison Avenue, 28th Fl, New York, NY 10017

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CLERK OF COURT  
JULY 10, 2025  
NEW YORK, NEW YORK

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STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	GALLAGHER RE INSURANCE PROGRAM SOLUTIONS, LLC
DOS ID Number:	7420259
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	09/16/2024
Statement Status:	CURRENT
Statement Due Date:	09/30/2026

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,  
at the City of Albany, on March 05, 2025 at 11:27 A.M.

WALTER T. MOSLEY  
Secretary of State

BRENDAN C. HUGHES  
Executive Deputy Secretary of State

Authentication Number: 100007589719 To Verify the authenticity of this document you may access the  
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 28, 2025

KATIE LENGUADORO  
WESTMONT ASSOCIATES, INC.  
1763 MARLTON PIKE EAST, SUITE 200  
CHERRY HILL, NJ 08003

SUBJECT: GALLAGHER RE INSURANCE PROGRAM SOLUTIONS, LLC  
Ref. Number: W25000042549

We have received your document for GALLAGHER RE INSURANCE PROGRAM SOLUTIONS, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon  
Operations Manager A

Letter Number: 725A00006730

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APR 08 2025