PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 NOV -8 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M97000000177

1. Limited Liability Company's Name

Reinsurance Solutions International, L.L.C.

REINSTATEMENT 2001

2. Principal Office Address	**3.** Mailing Office Address
1601 Chestnut Street	1601 Chestnut Street
Suite, Apt. #, etc.: TL08A	Suite, Apt. #, etc.: TL08A
City & State: Philadelphia, PA	City & State: Philadelphia, PA
Zip: 19103 Country: USA	Zip: 19103 Country: USA

4. State/Country of Formation: DE

5. Date Organized or Qualified To Do Business in Florida: 4/10/1997

6. FEI Number: 23-2819577 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, VickiAnn Owens accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: VickiAnn Owens Special Assistant Secretary
REGISTERED AGENT MUST SIGN

Date: 11/1/01

CR2E041 (9/01)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	See Attached Sheet		
			100004689611--3 -11/20/01--01067--002 ****150.00 ****150.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: James D. Engel Date: 11/5/01 Daytime Phone #: 215.640.2191

Typed or printed name of signing Managing Member/Manager: James D. Engel

Board of Managers
Reinsurance Solutions International, L.L.C.

Jim Engel
ACE USA– TL44D
1601 Chestnut Street
Philadelphia, PA 19103

Dennis Reding
ACE USA-TL56
1601 Chestnut Street
Philadelphia, PA 19103

Bill Garrigan
ACE USA – TL14A
1601 Chestnut Street
Philadelphia, PA 19103

Geraldine Losquadro
Guy Carpenter & Co., Inc.
1166 6th Avenue, 8th Floor
New York, NY 10036

Scott Goodell
Guy Carpenter & Co., Inc.
1166 6th Avenue, 8th Floor
New York, NY 10036

Salvatore Zaffino
Guy Carpenter & Co., Inc.
1166 6th Avenue, 8th Floor
New York, NY 10036

Quill O. Healey
Marsh Americas
3475 Piedmont Rd., Suite 1200
Atlanta, GA 30305

Charles Higham
Guy Carpenter & Co., Inc.
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