Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000002226 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

L. SELLERS

JAN - 5. 2011

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

EXAMINER

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:					

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REINSURANCE SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Reinsurance Solutions LLC Name of Foreign Limited Liability Company
Dear Sir or Madam:
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Pat Bonney Name of Person
Réa Reinsurance Solutions LLC Firm/Company
Two Logan Square, Suite 600 Address
Philadelphia, PA 19103-2772 City/State and Zip Code
pat.bonney@rsl-solutions.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Pat Bonney at (207) 675-3322 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount: \$\times \text{S25 Filing Fee} \tag{\text{S30 Filing Fee & Gertified Copy}} \tag{\text{Certified Copy}} \text{Certified

NESS - 92003/2004 C. J. Hilling Manager Design

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

SECTION I (1-3 must be completed)

1,	Name of limited liability company as it appears on the records of the Florida Department of State: Reinsurance Solutions LLC
2.	Jurisdiction of its organization: Delaware
3.	Date authorized to do business in Florida: 04/10/1997
	SECTION II (4-7 complete only the applicable changes)
4.	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 12/15/2010
5.	New name of the limited liability company: R&Q Reinsurance Solutions LLC
	(must end with "Limited Liability Company," "L.L.C.," or "LLC.")
F) th	name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting a alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.")
6.	If the amendment changes the period of duration, indicate new period of duration:
7 .	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
8.	If the amendment corrects any false statement, indicate the statement being corrected and the correction:
	NA NA
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized. Signature of a member or the authorized representative of a member
	Typed or printed name of signer
	•

Filing Fee: \$25.00

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF TRE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "REINSURANCE SOLUTIONS LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "RGQ REINSURANCE SOLUTIONS LLC", THE FIFTEENTH DAY OF DECEMBER, A.D. 2010, AT 2:15 O'CLOCK P.M.

2533218 8320

110001985

You may verify this certificate online at corp. dolaware, cov/authver. shtml

AUTHENTICATION: 8467245

DATE: 01-03-11