



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

-FILED-

File #: 0004106047

Date Filed: 12/22/2020 12:51:00 PM

1. The name of the entity is: Risk Insurance and Reinsurance Solutions, Inc.
2. The name which it shall use in Idaho is: _____
(Enter a name here only if you are required to adopt an alternate name.)
3. Select the type of entity you wish to register:
- | | |
|---|--|
| <input checked="" type="checkbox"/> Business Corporation | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> General Cooperative Association |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership) |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust |
| <input type="checkbox"/> Other: _____
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.) | |
4. Jurisdiction of formation: Florida
(Provide the domestic jurisdiction where the entity was formed.)
5. The address of its principal office is:
1111 Brickell Ave, Suite 2600, Miami, FL 33131
(Street Address)

(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

(Street Address)

(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)
8. Name and street address of registered agent in Idaho:
Corporation Service Company 12550 W. Explorer Drive, Suite 100, Boise, ID 83713
(Name and Address)
9. The name, capacity, and mailing address of at least one governor:
- | | | |
|-----------------------------------|-------------------------------------|--|
| <u>Joseph Khoury</u>
(Name) | <u>President</u>
(Capacity) | <u>1111 Brickell Ave, Suite 2600, Miami, FL 33131</u>
(Address) |
| <u>Christopher Raab</u>
(Name) | <u>Vice President</u>
(Capacity) | <u>1111 Brickell Ave, Suite 2600, Miami, FL 33131</u>
(Address) |

Secretary of State use only

Typed Name: Joseph Khoury

Signature: _____

Capacity: President

State of Florida

Department of State

I certify from the records of this office that RISK INSURANCE AND REINSURANCE SOLUTIONS, INC. is a corporation organized under the laws of the State of Florida, filed on October 11, 1993.

The document number of this corporation is P93000072638.

I further certify that said corporation has paid all fees due this office through December 31, 2020, that its most recent annual report/uniform business report was filed on February 17, 2020, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-first day of December,
2020*



Lawrence Denney
Secretary of State

Tracking Number: 8861122503CU

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<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>