

JUL 05 2016

FILE NO F0046247-0

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

**APPLICATION FOR NEW AUTHORITY
TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN ARIZONA**
Read the Instructions C019i

A.C.C. FILE NUMBER: F-0046247-0

Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

1. **ENTITY TYPE** – check only one to indicate the type of entity applying for authority:

- | | |
|--|--|
| <input checked="" type="checkbox"/> FOR-PROFIT CORPORATION | <input type="checkbox"/> INSURER |
| <input type="checkbox"/> NONPROFIT CORPORATION | <input type="checkbox"/> SAVINGS AND LOAN ASSOCIATION |
| <input type="checkbox"/> PROFESSIONAL CORPORATION | <input type="checkbox"/> CREDIT UNION |
| <input type="checkbox"/> CLOSE CORPORATION | <input type="checkbox"/> TRUST COMPANY |
| <input type="checkbox"/> BUSINESS TRUST | <input type="checkbox"/> COOPERATIVE MARKETING ASSOCIATION |
| <input type="checkbox"/> BUSINESS DEVELOPMENT CORP. | <input type="checkbox"/> ELECTRIC COOPERATIVE NON-PROFIT MEMBERSHIP ASSOC. |
| <input type="checkbox"/> CORPORATION SOLE | <input type="checkbox"/> NONPROFIT ELEC. GENERATION AND TRANSMISSION COOPERATIVE CORP. |

2. **NAME IN STATE OR COUNTRY OF INCORPORATION (FOREIGN NAME)** – enter the exact, true name of the foreign corporation:

Crum & Forster Insurance Brokers, Inc.

3. **NAME TO BE USED IN ARIZONA (ENTITY NAME)** – see *Instructions C019i* – identify the name the foreign corporation will use in Arizona by checking 3.1, 3.2, or 3.3 (check only one), and follow instructions

3.1 ☒ Name in state or country of incorporation, with no changes – Go to number 4.

3.2 ☐ Name in state or country of incorporation, with a corporate identifier added to it – Enter the name in number 3.4 below.

3.3 ☐ Fictitious name (check this only if the foreign corporation's name in its state or country of incorporation is not available for use in Arizona) – Enter the name in number 3.4 below.

3.4 If you checked 3.2 or 3.3, enter or print the name to be used in Arizona:

4. **FOREIGN DOMICILE** – list the state or country in which the foreign corporation is incorporated: Texas

5. **DATE OF INCORPORATION IN FOREIGN DOMICILE:** 04/05/1961

6. **DURATION** – the duration or life period of the foreign corporation is presumed to be perpetual unless one of the boxes is checked below and the blanks are filled in:

- ☐ The corporation's life period will end after the expiration of _____ years (enter a number of years).
☐ The corporation's life period will end on this date _____ (enter a date).
☐ The corporation's life period will end upon the occurrence of this event:

_____ (describe an event).

7. **PURPOSE** – the foreign corporation's purpose is to engage in any or all lawful business or affairs in which corporations may engage in the state or country under whose law the foreign corporation is incorporated, subject to the following **limitations**, if any (leave this blank if there are no limitations on the corporation's purpose):

8. **CHARACTER OF BUSINESS** – briefly describe the character of business or affairs the foreign corporation initially intends to conduct in Arizona. NOTE that the character of business or affairs that the foreign corporation ultimately conducts is not limited by the description provided.

Insurance Agency

9. PRINCIPAL OFFICE ADDRESS - FOREIGN DOMICILE STREET ADDRESS – see <i>Instructions C019i</i> – give the physical or street address (not a P. O. Box) of the foreign corporation required to be maintained in its state or country of incorporation, or, if not so required, of the foreign corporation's statutory agent in its state or country of incorporation:		10. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS: Is the Arizona known place of business street address the same as the street address of the statutory agent? <input checked="" type="checkbox"/> Yes - go to number 11 and continue. <input type="checkbox"/> No - provide the Arizona physical or street address (not a P.O. Box) below:	
Christine Frisby			
Attention (optional)		Attention (optional)	
11490 Westhelmer Road, Suite 300			
Address 1		Address 1	
Address 2 (optional)		Address 2 (optional)	
City	TX 77077	City	State Zip
Houston			

11. STATUTORY AGENT IN ARIZONA – see <i>Instructions C019i</i> :			
11.1 REQUIRED – give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent:		11.2 OPTIONAL – mailing address in Arizona of statutory agent (can be a P.O. Box):	
CT Corporation System			
Statutory Agent Name (required)			
Attention (optional)		Attention (optional)	
3800 N. Central Ave., Suite 460			
Address 1		Address 1	
Address 2 (optional)		Address 2 (optional)	
City	AZ 85012	City	State Zip
Phoenix			
11.3 REQUIRED – the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with this Application For Authority.			

12. DIRECTORS – list the name and business address of each and every Director of the corporation. If more space is needed, check this box <input type="checkbox"/> and complete and attach the <u>Director Attachment</u> form C082.			
Marc James Adee		Paul William Bassaline	
Director Name		Director Name	
305 Madison Ave.		305 Madison Ave.	
Address 1		Address 1	
Address 2 (optional)		Address 2 (optional)	
City	NJ 07962	City	NJ 07962
Morristown		Morristown	
State or Province	Zip	State or Province	Zip
UNITED STATES		UNITED STATES	
Country		Country	
Date taking office (optional):		Date taking office (optional):	

Stephen Michael Mulready							
Director Name				Director Name			
305 Madison Ave.							
Address 1				Address 1			
Address 2 (optional) Morristown		NJ	07962	Address 2 (optional)			
City	Country	State or Province	Zip	City	Country	State or Province	Zip
UNITED STATES							
Date taking office (optional):				Date taking office (optional):			
Director Name				Director Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City	Country	State or Province	Zip	City	Country	State or Province	Zip
Date taking office (optional):				Date taking office (optional):			
13. OFFICERS - list the name and business address of all principal Officers of the corporation. If more space is needed, check this box <input type="checkbox"/> and complete and attach the Officer Attachment form C085.							
Marc James Adee				Paul William Bassaline			
Officer Name				Officer Name			
305 Madison Ave.				305 Madison Ave.			
Address 1				Address 1			
Address 2 (optional) Morristown		NJ	07962	Address 2 (optional) Morristown		NJ	07962
City	Country	State or Province	Zip	City	Country	State or Province	Zip
UNITED STATES				UNITED STATES			
Date taking office (optional):				Date taking office (optional):			
Officer title:				Officer title:			
President/CEO				Treasurer			
Dorothy D. Whitaker				James Vincent Kraus			
Officer Name				Officer Name			
2850 Lake Vista Drive				305 Madison Ave.			
Address 1				Address 1			
Address 2 (optional) Lewisville		TX	75067	Address 2 (optional) Morristown		NJ	07962
City	Country	State or Province	Zip	City	Country	State or Province	Zip
UNITED STATES				UNITED STATES			
Date taking office (optional):				Date taking office (optional):			
Officer title:				Officer title:			
VicePresident				Secretary			
Patrick Rossi Jr.				Sonia Scala			
Officer Name				Officer Name			
305 Madison Avenue				305 Madison Avenue			
Address 1				Address 1			
Address 2 (optional) Morristown		NJ	07962	Address 2 (optional) Morristown		NJ	07962
City	Country	State or Province	Zip	City	Country	State or Province	Zip
UNITED STATES				UNITED STATES			
Date taking office (optional):				Date taking office (optional):			
Officer title:				Officer title:			
Other				Other			

- 14. FOR-PROFITS ONLY - SHARES AUTHORIZED** - *see Instructions C019i* - list the class (common, preferred, etc.) and total number of shares the foreign corporation is AUTHORIZED to issue. This information must match the original Articles of Incorporation plus any amendments thereto. If more space is needed, check this box ☐ and complete and attach the Shares Authorized Attachment form C087.

Class: Common Series: 1 Total: 100,000 Par Value: \$1
Class: _____ Series: _____ Total: _____ Par Value: _____

- 15. FOR-PROFITS ONLY - SHARES ISSUED** - *see Instructions C019i* - list each class/series of authorized shares and give the total number and par value of shares of that class that have been ISSUED. If no shares of that class have been issued, put the number zero. If more space is needed, check this box ☐ and complete and attach the Shares Issued Attachment form C097.

Class: Common Series: 1 Total: 10,000 Par Value: \$1
Class: _____ Series: _____ Total: _____ Par Value: _____

- 16. NONPROFITS ONLY - MEMBERS** - check one box only:

Does the foreign nonprofit corporation have members?

☐ Yes ☐ No

- 17. PROFESSIONAL CORPORATIONS ONLY - PROFESSIONAL SERVICES** - if "professional corporation" is checked in number 1, briefly describe the type of professional services the corporation will render (examples: accounting, medical, law firm): _____

18. PROFESSIONAL CORPORATIONS ONLY - PROFESSIONAL LICENSE:

By the signature appearing on this document, the foreign professional corporation certifies under penalty of perjury that at least one-half of its shareholders who are entitled to vote for the election of directors, and at least one-half of its directors, and its president, are licensed in one or more states to render a professional service described in the foreign professional corporation's articles of incorporation.

NOTE: You must attach a statement from the licensing authority in Arizona for the profession showing that at least one of the professional corporation's shareholders or employees is licensed in Arizona to render that professional service. (See A.R.S. § 10-2245.)

SIGNATURE:

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT

Sonia Scala
Signature

Sonia Scala
Printed Name

6/22/2016
Date

REQUIRED - check only one:

<input type="checkbox"/> I am the Chairman of the Board of Directors of the corporation filing this document.	<input checked="" type="checkbox"/> I am a duly-authorized Officer of the corporation filing this document.	<input type="checkbox"/> I am a duly authorized bankruptcy trustee , receiver, or other court-appointed fiduciary for the corporation filing this document.
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Filing Fee: \$175.00 (regular processing)
Expedited processing - add \$35.00 to filing fee.
All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Corporate Filings Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
All documents filed with the Arizona Corporation Commission are public record and are open for public inspection.
If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.



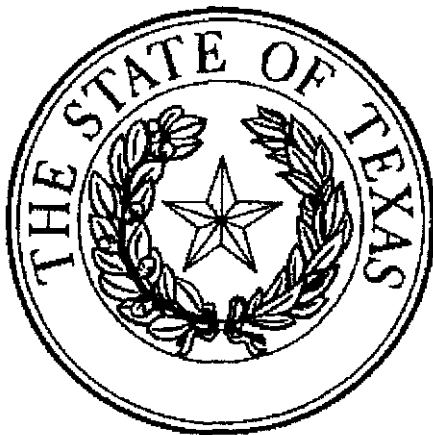
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on May 04, 2016, Fairmont Specialty Insurance Managers, Inc., a Domestic For-Profit Corporation (file number 17346700), changed its name to Crum & Forster Insurance Brokers, Inc..

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 20, 2016.



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos
Secretary of State



Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

Crum & Forster Insurance Brokers, Inc.
Filing Number: 17346700

Certificate of Amendment

May 04, 2016

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 20, 2016.



A handwritten signature in black ink, appearing to read "C. Cascos", followed by a horizontal line.

Carlos H. Cascos
Secretary of State

Form 424

Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
FAX: 512/463-5709



**Certificate
of Amendment**

Filed in the Office of the
Secretary of State of Texas
Filing #: 17346700 05/04/2016
Document #: 669162240002
Image Generated Electronically
for Web Filing

Filing Fee: See instructions

Entity Information

The filing entity is a: **Domestic For-Profit Corporation**

The name of the filing entity is: **Fairmont Specialty Insurance Managers, Inc.**

The file number issued to the filing entity by the secretary of state is: **17346700**

Amendment to Name

The amendment changes the formation document of the filing entity to change the article or provision that names the entity. The article or provision is amended to read as follows:

The name of the filing entity is:

Crum & Forster Insurance Brokers, Inc.

A letter of consent, if applicable, is attached.

Statement of Approval

The amendment has been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

Effectiveness of Filing

☐ A. This document becomes effective when the document is filed by the secretary of state.

☒ B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its filing by the secretary of state. The delayed effective date is: **May 9, 2016**

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and declares under penalty of perjury that the undersigned is authorized under the Texas Business Organizations Code to execute the filing instrument.

Date: **May 4, 2016**

Christine A Frisby

Signature of authorized person

FILING OFFICE COPY