Filing Fee: \$75.00

ID Number: 134060



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

## **BUSINESS CORPORATION**

## APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1411 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1.	The name of the corporation is Glencoe Group Services Inc.					
2.	It is incorporated under the laws of <u>Delaware</u>					
3.	A Certificate of Authority was issued to the corporation by the office of the Secretary of State of the State of Rhode Island on $08/12/2003$ , authorizing it to transact business in Rhode Island under the name of: Glencoe Group Services Inc.					
4.	The corporate name of the corporation has been changed to  RenRe North America Employee Services Inc.					
	RenRe North America Employee Services Inc.  (If no change, so indicate.)					
5.	The name, if different, which it elects to use in Rhode Island is:					
	(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:					
	(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this Application:					
6.	The corporation desires to pursue in the transaction of business in Rhode Island other or additional purposes than those set forth in its prior Application for a Certificate of Authority, as follows:					
	(If no other or additional purposes are proposed, insert "No Change.")					
	No Change					
	FILED // /					
	MAY a 4 coop					

Form No. 151 Revised: 12/05 MAY 11 2009 By 89/04

		Total Number of Authorized Shares	<u>Class</u>	<u>Series</u>	Par Value or Statement that Shares are without Par Value		
<u>]</u>	No	Change					
- I. (	(a)	An estimate of the value of is \$	all property to be ow 	ned by the corporation for	the following year, wherever located,		
(	(b)	b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$ 0.0000					
(	(c) An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located, is%. [divide (b) by (a) and multiply by 100 to obtain the percentage]						
). (	(a)	An estimate of the gross an		be transacted by the corp	oration during the following year is		
(	(b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is \$						
(	(c)	c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is%. [divide (b) by (a) and multiply by 100 to obtain the percentage]					
0.	Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.						
1.	Thi wh	is Application for Amended ( nich shall be no later than the	Certificate of Authori 90 <sup>th</sup> day after the d	ty shall be effective upon ate of this filing	filing unless a specified date is provided		
Date	e:	5/1/09		examined this Application including any accommodates statements contained he	ury, I declare and affirm that I have on for Amended Certificate of Authority, panying attachments, and that all erein are true and correct.  thorized Officer of the Corporation		
				Signature/of Au	thorized Officer of the Corporation  of Asst Sureta w  t Name of Authorized Officer		



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

