State of Rhode Island and Providence Plantations **Department of State - Business Services Division** MAR **Certificate of Authority** R FOREIGN Corporation → Filing Fee: \$310.00 minimum ω N Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a 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: Aon Risk Services, Inc. of Florida 2. It is incorporated under the laws of: Florida 3. 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: The date of its incorporation is: October 15, 1956 And the period of its duration is: CHECK ONLY ONE BOX Perpetual (on-going) Date certain for dissolution 5. The address of its principal office is: 200 E. Randolph St., Chicago, IL 60601 6. The name and address of the initial registered agent/office of in Rhode Island; Agent Name **Corporation Service Company** Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200 City/Town Warwick Zip Code 02888 State **RHODE ISLAND** FILED MAIL TO:

NAL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov

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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

The business of an insurance broker and/or agency.

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8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS	ADDRESS		
Mary Moore Johnson	200 E. Randolph St., Chicago, IL 60601			
Michelle S. Ley	200 E. Randolph St., Chicago, IL 60601			

Check the box to indicate an attachment. 8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS	
PRESIDENT			
TREASURER		· · · · · · · · · · · · · · · · · · ·	
SECRETARY			

Check the box to indicate an attachment.

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE
5,001	Common	None		\$1.00
	·····			
10. (a) Estimate, in dolla owned by the corporation				dollars, the value of the corporation's property hin Rhode Island during the following year:
located: <u> </u> <b>70,721</b>		_	\$ <u>0</u>	
within this state during th	e following year bear	s to the value	of all property of t	property of the corporation to be located he corporation to be owned during the 100 to obtain the percentage.

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.	(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.					
\$68,061,998	\$ <u>0</u>					
(c) Estimate, <b>as a percentage</b> , the proportion 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 compared to the gross amount thereof which will be transacted by the corporation during the following year. <i>Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.</i>						
0.00 %						
12. This application must be accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is incorporated that is dated within 60 days of the filing of this document.						
13. Date when the Certificate of Authority will be effective: CHECK ONLY ONE BOX						
✓ Date received (Upon filing)						
Later effective date (Date must be no more than 90 days from the day of filing)						
Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.						
Type or Print Name of Authorized Officer	Date					
Mary Moore Johnson, Vice President		3/10/2017				
Signature of Authorized Officer of the Corporation						
Me Me A SIGN DOCI	JMENT HERE					

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### **Directors/Officers Report**

#### Officers Address: 200 E. Randolph St., Chicago, IL 60601

Michael R. Parrish President Joseph Propati **Chief Operating Officer** Paul A. Hagy Treasurer Mary Moore Johnson Secretary Scott A. Aliman **Executive Vice President** Michael J. Andersen Senior Vice President Veronica W. Benzinger Senior Vice President Gerald W. Brown Vice President Liam P. Caffrey **Executive Vice President** Liam P. Caffrey Chief Financial Officer, ARS Americas Donald G. Cote Second Vice President Domingo Garcia, Jr. Senior Vice President Paul A. Hagy Vice President Mary Moore Johnson Vice President **Richard S. Joseph** Executive Vice President (Tampa) Brian K. Kuhlman Senior Vice President Michael Landa **Executive Vice President** Michelle S. Ley Assistant Vice President Michelle S. Ley Assistant Secretary Giselle I. Lugones Senior Vice President Robert J. Lynn Senior Vice President Wirth T. Munroe **Executive Vice President** Joseph M. Pietrangelo Executive Vice President Joseph Propati **Executive Vice President** Jennifer A. Retamar Vice President Pamela J. Shimono Vice President Kaci J. Tomlinson Vice President

Bridgeway Report

## **Directors/Officers Report**

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As of March 10, 2017

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Miles L. Watson

**Executive Vice President** 

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# State of Florida **Department of State**

I certify from the records of this office that AON RISK SERVICES, INC. OF FLORIDA is a corporation organized under the laws of the State of Florida, filed on October 15, 1956.

The document number of this corporation is 196817.

I further certify that said corporation has paid all fees due this office through December 31, 2016, that its most recent annual report/uniform business report was filed on April 25, 2016, 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 Thirteenth day of March, 2017



Ken Detrin Secretary of State

Tracking Number: CU9583831851

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

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



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, 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:

March 13, 2017 01:32 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

