Filing Fee: \$150.00

License Fee: \$15.00 minimum (§7-1.1-124)



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY (To Be Filed In Duplicate Original)

Pursuant to the provisions of Section 7-1.1-103 of the General Laws, 1956, as amended, the undersigned foreign corporation hereby

	plies for a Certificate tement:	of Authority to transact business	in the state of Rhode Island, and for that purpose s	ubmits the following					
1.	The name of the corp	poration is Coface North America,	Inc. APR 2 2 2004						
2.	It is incorporated und	er the laws of New York	by Im						
3.		t, which it elects to use in Rhode 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: Coface North America, Inc. 5½								
	(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 flied with this application:								
		07/09/96	Pernetual	15 CC					
4.	The date of its incorp	poration is <u>07/09/90</u>	and the period of its duration is Perpetual	D mmm					
5.	. The address of its principal office in the state or country under the laws of which it is incorporated is								
	•	5							
	444 Madison Avenue, 24th Floor, New York, New York 10022								
6.	The address of its proposed registered office in Rhode Island is 10 Weybosset Street (Street Address, not P.O. Box)								
	Providence Ri 02903 and the name of its proposed registered agent in Rigide Island at (City/Town) (Zip Code)								
		(E)							
	that address is		(Name of Agent)	C T Corporation System					
			, -						
7.		The specific purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:							
	Insurance agent, adjuster and underwater services, and any and all other lawful acts or activities which a committee may engage in what Rhode								
	TSiand law.								
8.	The names and respective addresses of the directors and officers are: SEE ATTACHMENT								
		<u>Name</u>	<u>Address</u>						
	Director	Dominique Tuffrau Bariant	444 Madison Avenue, 24th Floor, New York, NY	10022					
	Director	Daniel Boccara	444 Madison Avenue, 24th Floor, New York, NY	10022					
	President	Daniel Boccara	444 madison Ave, 24th Mar	UN'UN 10059					
	Vice President	Corine Troncy	444 Madison Avenue, 24th Floor New York, NY	son Avenue, 24th Floor New York, NY 10022					
	Treasurer	Pierre Fournel	444 Madison Avenue, 24th Floor New York, NY						
	Secretary	Friedrich von Krusenstiern	444 Madison Avenue, 24th Floor New York, NY	10022					
	 -,								

Form No. 150

Revised: 01/99

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9. The aggi	, regate number of shares d series, if any, within a c	which it has authority to	issue, itemized by class	ses, par value of share	s, shares without par			
	lumber of Shares	<u>Class</u> Common	<u>Series</u>		Statement that vithout Par Value			
	The aggregate number of its Issued shares, Itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:							
	lumber of Shares	<u>Class</u> <u>Common</u>	<u>Series</u>	Shares are v	Statement that without Par Value			
	estimate of the value of 00,000.00	all property to be own	ned by the corporation	for the following year,	wherever located, is			
	estimate of the value of		erty to be located within	Rhode Island during	the following year is			
locs	estimate, expressed as a ited within this state during owing year, wherever loca	n the following year bears	s to the value of all prope	rty of the corporation to	o de owned dunnig me			
	estimate of the gross a 55,000,000.00		e transacted by the o	corporation during the	following year is			
(b) An Isla	estimate of the gross a nd during the following ye	mount of business to be ar is \$ 330,000.00	transacted by the corpor	ration at or from places	of business in Rhode			
con be	estimate, expressed as poration at or from places transacted by the corporal percentage].	of business in this state	during the following year	bears to the gross amo	unt thereof which will			
13. This app by the s	plication is accompanied to ecretary of state or other a	by certified copies of its a authorized officer of the ju	nticles of incorporation aurisdiction of its incorpora	nd all amendments ther tion.	eto, duly authenticated			
. 9.	+ 21			C	oface North America, Inc.			
Date: 0	7, 1000		Print Exact Nam	e of Corporation Makin				
			Ву		·			
		Daniel B	0	r ☐ Vice President AND	(check one)			
			By	Assistant Sacreta	n. (chack ana)			
		Friedrich von Kruse	nsticm Secretary o	r 🔲 Assistant Secreta	y (CHECK DIE)			
STATE OF	New York	<u> </u>			1			
COUNTY	OF <u>new York</u>	County						
before me	n <u>Pw York</u> Friedrich von Krusenstie	on this 3132	day of October who, being the corporation and the	by me first duly swom	, declared that he/she			
is the <u>Seco</u>	r of the corporation, and				Togoling Goodinicate a			
Jasi Vilko	NOTARY PUBLIC, ST	IATE OF NEW YORK			10			
	NO. 31-4 Qualified in Ney Commission Expire:	942966 HVODE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Notary Public My Commission Expir	res: 12/9/06				

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Attachment to Rhode Island Officers & Directors

1. Full Name:
Officer/Director:
Business Address:
City:
State:
ZIP Code:

2. Full Name:
Officer/Director:
Business Address:

City: State: ZIP Code:

3. Full Name:
Officer/Director:
Business Address:
City:

State: ZIP Code:

4. Full Name:
Officer/Director:
Business Address:
City:

City: State: ZIP Code:

5. Full Name:
Officer/Director:
Business Address:
City:

City: State: ZIP Code:

6. Full Name:
Officer/Director:
Business Address:

City: State: ZIP Code:

7. Full Name:
Officer/Director:
Business Address:
City:
State:
ZIP Code:

Daniel Boccara Officer, Director

444 Madison Avenue, 24th Floor

New York NY 10022

Corine Troncy Officer, Director

444 Madison Avenue, 24th Floor

New York NY 10022

Pierre Fournel
Officer

444 Madison Avenue, 24th Floor

New York NY 10022

Friedrich von Krusenstiern

Officer

444 Madison Avenue, 24th Floor

New York NY 10022

Jerome Cazes Director

444 Madison Avenue, 24th Floor

New York NY 10022

Benois Claire Director

444 Madison Avenue, 24th Floor

New York NY 10022

Bertrand Lartizien

Director

444 Madison Avenue, 24th Floor

New York NY 10022 Attachment

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8. Full Name:

Officer/Director:

Business Address:

City: State:

ZIP Code:

Francois Meunier

Director

444 Madison Avenue, 24th Floor

New York

NY

10022

State of New York } State of New York } ss:

I hereby certify that the annexed copy has been compared with the original document filed by the Department of State and that the same is a true copy of said original.

Witness my hand and seal of the Department of State on

April 21, 2004



Secretary of State

DOS-200 (Rev. 03/02)