



under the laws of Switzerland. Said representation is material to the issuance of this Consent Order.

4. The Office has determined that Switzerland qualifies as an eligible jurisdiction, pursuant to Section 624.610(3)(e), Florida Statutes, and Rule 69O-144.007(9), Florida Administrative Code.

5. APPLICANT has represented that its purpose in becoming a Certified Reinsurer under Section 624.610(3)(e), Florida Statutes, and Rule 69O-144.007, Florida Administrative Code, is to allow ceding insurers to take credit in their accounting and in financial statements on account of such reinsurance ceded without APPLICANT posting full collateral.

6. On March 23, 2018, pursuant to Rule 69O-144.007(8)(b), Florida Administrative Code, the OFFICE posted notice on its website of receipt of APPLICANT's Application, with no public comments received within the 30-day posting period.

7. In determining APPLICANT's qualifications as a Certified Reinsurer pursuant to Section 624.610(3)(e), Florida Statutes, and Rule 69O-144.007, Florida Administrative Code, the OFFICE has considered the following:

a. APPLICANT's statutory capital and surplus of \$20,194,000,000 U.S. Dollars, as reported in its audited financial statement as of December 31, 2017, which exceeds the \$250,000,000 U.S. Dollar surplus requirement under Section 624.610(3)(e), Florida Statutes;

b. APPLICANT's secure financial strength rating from at least 2 statistical rating organizations pursuant to Section 624.610(3)(e), Florida Statutes, and Rule 69O-144.007(3), Florida Administrative Code:

i. On January 30, 2017, Moody's Investors Service assigned a financial strength rating of 'Aa3' (Stable); and

ii. On December 7, 2017, A.M. Best assigned a financial strength rating of A+ (Superior).

c. APPLICANT's qualified jurisdiction, pursuant to Rule 69O-144.007(9), Florida Administrative Code;

d. APPLICANT's audited Swiss Statutory Statements, which for 2017 were prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) and for the 2 years prior in accordance with International Financial Reporting Standards (IFRS), with an audited reconciliation of equity and net income on a U.S. GAAP basis, pursuant to Rule 69O-144.007(8)(a)1., Florida Administrative Code; and

e. Other pertinent information submitted by APPLICANT, pursuant to Section 624.610(3)(e), Florida Statutes, and Rule 69O-144.007, Florida Administrative Code.

8. The minimum collateral a Certified Reinsurer is required to post for the ceding insurer to take 100% credit in its financial statements on account of such reinsurance ceded is based on the secure rating the Certified Reinsurer is assigned by the OFFICE. Pursuant to Rule 69O-144.007(8)(e)1., Florida Administrative Code:

The maximum rating that a certified reinsurer may be assigned will correspond to its financial strength rating as outlined in subsection (4), of this rule. The Office shall use the lowest financial strength rating received from a rating agency indicated in paragraphs (3)(a)-(e), of this rule, in establishing the maximum rating of a certified reinsurer.

9. Based on the secure financial strength ratings of APPLICANT, the OFFICE hereby assigns APPLICANT a rating of Secure – 2 and a collateral requirement of 10%.

10. For purposes of Rule 69O-144.007(4), Florida Administrative Code, APPLICANT acknowledges that the collateral required for the ceding insurer to take 100% credit in its financial statements on account of such reinsurance ceded be no less than 10%, for agreements incepting on or after the execution date of this Consent Order, unless otherwise amended by the OFFICE.

11. APPLICANT represents in its Application that for purposes of securing U.S. liabilities to U.S. cedant insurers, it will offer its cedants all methods of collateral security authorized by the Florida Insurance Code and Rule 69O-144.007, Florida Administrative Code, including cash, letters of credit, and single beneficiary trusts. Further, any such letters of credit or single beneficiary trusts shall comply with Section 624.610, Florida Statutes, and Rules 69O-144.005 and 69O-144.007, Florida Administrative Code.

12. APPLICANT shall adhere to the continuing requirements for a Certified Reinsurer, as described more fully in Section 624.610(3)(e), Florida Statutes, and Rule 69O-144.007, Florida Administrative Code.

13. Pursuant to Rule 69O-144.007(8)(i), Florida Administrative Code, APPLICANT shall notify the OFFICE within 10 days of the following: any regulatory actions taken against the certified reinsurer; any change in the provisions of its domiciliary license; or any change in rating by an approved rating agency. Such notice shall include a statement describing such actions and the reasons therefore.

14. Pursuant to Rule 69O-144.007(8)(d)2., Florida Administrative Code, APPLICANT shall assume only the kind or kinds of reinsurance ceded by ceding insurers for which APPLICANT is authorized in its domiciliary jurisdiction.

15. APPLICANT acknowledges that in order to maintain its Certified Reinsurer status, it is required to file annually with the OFFICE all documentation required by Rule 69O-144.007(8)(h), Florida Administrative Code, including a list of Florida cedants, on or before the anniversary date of the execution of this Consent Order. Further, APPLICANT represents that it intends to file its report of the independent auditor on the financial statements of APPLICANT on a U.S. GAAP basis.

16. APPLICANT submits to the jurisdiction of the United States courts and has appointed an agent for service of process in Florida (attached as "Exhibit A").

17. APPLICANT agrees to post 100% collateral for its Florida liabilities if it resists the enforcement of a valid and final judgment from a court in the United States, or if otherwise required by the OFFICE, pursuant to Rule 69O-144.007, Florida Administrative Code.

18. The effective date of APPLICANT's Certified Reinsurer status is the date of execution of this Consent Order. This Consent Order shall remain in effect and APPLICANT's status as a Certified Reinsurer shall continue until APPLICANT either surrenders its status, fails to meet the requirements of the Florida Insurance Code or Rule 69O-144.007, Florida Administrative Code, or has its status withdrawn pursuant to Rule 69O-144.007, Florida Administrative Code.

19. APPLICANT shall report to the OFFICE, Property & Casualty Financial Oversight, any time that it is named as a party defendant in a class action lawsuit within 15 days after the class is certified. APPLICANT shall include a copy of the complaint at the time it reports the class action lawsuit to the OFFICE.

20. APPLICANT shall pay administrative costs in the amount of \$2,500 U.S. Dollars within 30 days of the execution of this Consent Order. APPLICANT shall send payment for the administrative costs to the payment address on the invoice, attached as Exhibit B.

21. APPLICANT shall maintain an information security program for the security and protection of confidential and proprietary information under its control that complies with all applicable laws and regulations regarding information security. APPLICANT agrees that it shall continually monitor and enhance its information security program to mitigate data security breaches.

22. APPLICANT shall, within 5 business days of identifying a data breach involving Florida domiciled cedent information, and as required by the laws of Switzerland, seek the Swiss Financial Market Authority's (hereinafter referred to as "FINMA") regulatory approval to notify the OFFICE of the breach. Within 5 days of receiving FINMA approval, APPLICANT shall notify the OFFICE of the breach in the form permitted by FINMA.

23. The deadlines set forth in this Consent Order may be extended by written approval of the OFFICE. Approval of any deadline extension is subject to statutory or administrative regulation limitations. Additionally, the various reporting requirements and any other provision or requirement set forth in this Consent Order may be altered or terminated by written approval of the OFFICE.

24. Executive Order 13224 prohibits any transactions by U.S. persons involved in the blocked assets and interests of terrorists and terrorist support organizations. APPLICANT shall maintain and adhere to procedures necessary to detect and prevent prohibited transactions with those individuals and entities, which have been identified at the Treasury Department's Office of Foreign Assets Control website, <http://www.treas.gov/ofac>.

25. APPLICANT affirms that all information, submissions, explanations, representations, and documents provided to the OFFICE in connection with APPLICANT's Application, including all attachments and supplements thereto, are material to the issuance of this Consent Order and fully describe all transactions, agreements, and understandings regarding the ownership structure, operations, and control of APPLICANT.

26. Within 60 days from the date of the execution of this Consent Order, APPLICANT shall submit, or cause to be submitted, to the OFFICE a certification evidencing compliance with all of the requirements of this Consent Order. Any exceptions shall be so noted and contained in

the certification. Exceptions noted in the certification shall also include a timeline defining when the outstanding requirements of the Consent Order will be complete. Said certification shall be submitted to the OFFICE via electronic mail and directed to the attention of the Assistant General Counsel representing the OFFICE in this matter and as named in this Consent Order.

27. APPLICANT agrees that, upon execution of this Consent Order, failure to adhere to one or more of the terms and conditions contained herein may result, without further proceedings, in the OFFICE withdrawing APPLICANT's status as a Certified Reinsurer in this state in accordance with Sections 120.569(2)(n) and 120.60(6), Florida Statutes.

28. APPLICANT expressly waives a hearing in this matter, the making of findings of fact and conclusions of law by the OFFICE, and all further and other proceedings herein to which it may be entitled by law or rules of the OFFICE. APPLICANT hereby knowingly and voluntarily waives all rights to challenge or to contest this Consent Order in any forum now or in the future available to it, including the right to any administrative proceeding, state or federal court action, or any appeal.

29. Except as set forth in this Consent Order, each party to this action shall bear its own costs and fees.

30. The parties agree that this Consent Order shall be deemed to be executed when the OFFICE has signed and docketed a copy of this Consent Order bearing the signature of the authorized representative of APPLICANT, notwithstanding the fact that the copy may have been transmitted to the OFFICE electronically. Further, APPLICANT agrees that the signature of its authorized representative as affixed to this Consent Order shall be under the seal of a Notary Public.

WHEREFORE, the agreement between SWISS REINSURANCE COMPANY LTD and the FLORIDA OFFICE OF INSURANCE REGULATION, the terms and conditions of which are set forth above, is APPROVED.

FURTHER, all terms and conditions contained herein are hereby ORDERED.

DONE and ORDERED this 30 day of May, 2018.


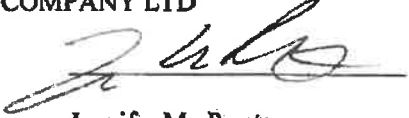


*David Altmaier*  
David Altmaier, Commissioner  
Office of Insurance Regulation



By execution hereof, SWISS REINSURANCE COMPANY LTD consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents that he or she has the authority to bind SWISS REINSURANCE COMPANY LTD to the terms and conditions of this Consent Order.

SWISS REINSURANCE COMPANY LTD

By:  

Print Name: Cristina Feistmann Jennifer Mo Parets

Title: Company Secretary Chief Compliance Officer

Date: 30 May 2018 30 May 2018

COUNTRY OF SWITZERLAND

**Official Certification**

Seen for authentication of the foregoing signatures of

Ms. **Cristina FEISTMANN**, Swiss citizen of Locarno TI, in Herrliberg,

Ms. **Jennifer Mo PARETS**, Nationality: United States of America/USA, in Meilen, <sup>Notariat Enge-Zürich</sup> out <sup>ph</sup>

who are entered in the Register of Commerce of the Kanton of Zurich as secretary of the board of directors with the right to sign jointly by two (Cristina Feistmann) resp. as person with the right to sign jointly by two (Jennifer Mo Parets) for the

**Swiss Reinsurance Company Ltd**, corporation with registered head office in Zürich.

The signatures were acknowledged before us by an authorized third person.

Zürich, 30th May 2018  
BK no. 2572/3  
Fee CHF 60.00



**NOTARIAT ENGE-ZÜRICH**

  
Peter Hofer, Notariatsassistent

**COPIES FURNISHED TO:**

**MOSES OJEISEKHOB**, CHIEF EXECUTIVE OFFICER  
Swiss Reinsurance Company Ltd  
Mythenquai 50/60  
8022 Zurich, Switzerland  
Telephone: +41 43 285 2121  
Facsimile: +41 43 285 2999

**DALE PREDMORE**, SENIOR VICE PRESIDENT & SENIOR LEGAL COUNSEL  
Swiss Reinsurance America Corporation  
Swiss Re Management (US) Corporation  
175 King Street  
Armonk, New York 10504  
Telephone: (914) 828-4036  
Facsimile: (914) 828-3036  
E-Mail: [dale\\_predmore@swissre.com](mailto:dale_predmore@swissre.com)

**ALISON STERETT**, AREA FINANCIAL MANAGER  
Company Admissions & Business Development  
Florida Office of Insurance Regulation  
200 East Gaines Street  
Tallahassee, Florida 32399

**COREY HUBBARD**, FINANCIAL EXAMINER/ANALYST SUPERVISOR  
Company Admissions & Business Development  
Florida Office of Insurance Regulation  
200 East Gaines Street  
Tallahassee, Florida 32399

**DANNY E. BLANCO JR.**, INSURANCE EXAMINER II  
Company Admissions & Business Development  
Florida Office of Insurance Regulation  
200 East Gaines Street  
Tallahassee, Florida 32399

**JENNIFER A. MILAM**, ASSISTANT GENERAL COUNSEL  
Florida Office of Insurance Regulation  
200 East Gaines Street  
Tallahassee, Florida 32399  
Telephone: (850) 413-4281  
E-Mail: [jennifer.milam@flor.com](mailto:jennifer.milam@flor.com)

Applicant Company Name: Swiss Reinsurance Company Ltd

AA-1460146

**Uniform Consent to Service of Process**

Original Designation

\_\_\_\_\_ Amended Designation

(must be submitted directly to states)

Applicant Company Name: Swiss Reinsurance Company Ltd

Previous Name (if applicable): \_\_\_\_\_

Home Office Address: Mytlenquai 5060

City, State, Zip: Zurich, Switzerland 8022

NAIC Code: AA-1460146

The Applicant Company named above, organized under the laws of Switzerland, for purposes of complying with the laws of the State(s) designate hereunder relating to the holding of a certificate of authority or the conduct of an insurance business within said State(s), pursuant to a resolution adopted by its board of directors or other governing body, hereby irrevocably appoints the officers of the State(s) and their successors identified in Exhibit A, or where applicable appoints the required agent so designated in Exhibit A hereunder as its attorney in such State(s) upon whom may be served any notice, process or pleading as required by law as reflected on Exhibit A in any action or proceeding against it in the State(s) so designated; and does hereby consent that any lawful action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the State(s) so designated; and agrees that any lawful process against it which is served under this appointment shall be of the same legal force and validity as if served on the entity directly. This appointment shall be binding upon any successor to the above named entity that acquires the entity's assets or assumes its liabilities by merger, consolidation or otherwise; and shall be binding as long as there is a contract in force or liability of the entity outstanding in the State. The entity hereby waives all claims of error by reason of such service. The entity named above agrees to submit an amended designation form upon a change in any of the information provided on this power of attorney.

**Applicant Company Officers' Certification and Attestation**

One of the two Officers (listed below) of the Applicant Company must read the following very carefully and sign:

1. I acknowledge that I am authorized to execute and am executing this document on behalf of the Applicant Company.
2. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the foregoing is true and correct, executed at Zurich, Switzerland.

\_\_\_\_\_  
Date

2 March 2018

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of President

\_\_\_\_\_  
Full Legal Name of President

\_\_\_\_\_  
Signature of Secretary

\_\_\_\_\_  
Cristina Feistmann

\_\_\_\_\_  
Full Legal Name of Secretary

\_\_\_\_\_  
FABIENNE-ANNE REHULKA  
GENERAL COUNSEL REINSURANCE EMEA  
MANAGING DIRECTOR

**Exhibit B**

Complete for each state indicated in Exhibit A:

State: Florida Name of Entity: Dale Predmore, Swiss Reinsurance America Corporation

Phone Number: 914-828-4036 Fax Number: 914-828-3036

Email Address: Dale-Predmore@swissre.com

Mailing Address: 175 King Street, Armonk, NY 10504

Street Address: 175 King Street, Armonk, NY 10504

State: Ohio Name of Entity: CT Corporation System

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: 4400 East Commons Way, Suite 125, Columbus, OH 43219

Street Address: 4400 East Commons Way, Suite 125, Columbus, OH 43219

State: \_\_\_\_\_ Name of Entity: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

State: \_\_\_\_\_ Name of Entity: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

State: \_\_\_\_\_ Name of Entity: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

**Exhibit B**

**Uniform Consent to Service of Process**

**Exhibit A**

Place an "X" before the names of all the States for which the person executing this form is appointing the designated agent in that State for receipt of service of process:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> AL            | Commissioner of Insurance# and Resident Agent*                                    | <input type="checkbox"/> MO            | Director of Insurance#                              |
| <input type="checkbox"/> AK            | Director of Insurance#  | <input type="checkbox"/> MT            | Commissioner of Securities and Insurance#           |
| <input type="checkbox"/> AZ            | Director of Insurance # ^   | <input type="checkbox"/> NE            | Officer of Company* or Resident Agent* (circle one) |
| <input type="checkbox"/> AR            | Resident Agent *  | <input type="checkbox"/> NH            | Commissioner of Insurance#                          |
| <input type="checkbox"/> AS            | Commissioner of Insurance#  | <input type="checkbox"/> NV            | Commissioner of Insurance Commission#^              |
| <input type="checkbox"/> CO            | Commissioner of Insurance# or Resident Agent*                                     | <input type="checkbox"/> NJ            | Commissioner of Banking and Insurance#^             |
| <input type="checkbox"/> CT            | Commissioner of Insurance #   | <input type="checkbox"/> NM            | Superintendent of Insurance #                       |
| <input type="checkbox"/> DE            | Commissioner of Insurance#  | <input type="checkbox"/> NY            | Superintendent of Financial Services#               |
| <input type="checkbox"/> DC            | Commissioner of Insurance and Securities Regulation# or Local Agent* (circle one) | <input type="checkbox"/> NC            | Commissioner of Insurance                           |
| <input checked="" type="checkbox"/> FL | Chief Financial Officer# ^  | <input type="checkbox"/> ND            | Commissioner of Insurance # ^                       |
| <input type="checkbox"/> GA            | Commissioner of Insurance and Safety Fire# and Resident Agent*                    | <input checked="" type="checkbox"/> OH | Resident Agent*                                     |
| <input type="checkbox"/> GU            | Commissioner of Insurance #   | <input type="checkbox"/> OR            | Resident Agent*                                     |
| <input type="checkbox"/> HI            | Insurance Commissioner# and Resident Agent*                                       | <input type="checkbox"/> OK            | Commissioner of Insurance #                         |
| <input type="checkbox"/> ID            | Director of Insurance # ^   | <input type="checkbox"/> PR            | Commissioner of Insurance#                          |
| <input type="checkbox"/> IL            | Director of Insurance#  | <input type="checkbox"/> RI            | Superintendent of Insurance # ^                     |
| <input type="checkbox"/> IN            | Resident Agent* ^   | <input type="checkbox"/> SC            | Director of Insurance #                             |
| <input type="checkbox"/> IA            | Commissioner of Insurance#  | <input type="checkbox"/> SD            | Director of Insurance # ^                           |
| <input type="checkbox"/> KS            | Commissioner of Insurance^  | <input type="checkbox"/> TN            | Commissioner of Insurance#                          |
| <input type="checkbox"/> KY            | Secretary of State #  | <input type="checkbox"/> TX            | Resident Agent*                                     |
| <input type="checkbox"/> LA            | Secretary of State#   | <input type="checkbox"/> UT            | Resident Agent* ^                                   |
| <input type="checkbox"/> MD            | Insurance Commissioner#   | <input type="checkbox"/> VT            | Secretary of State# or Resident Agent*              |
| <input type="checkbox"/> ME            | Resident Agent* ^   | <input type="checkbox"/> VI            | Lieutenant Governor/Commissioner#                   |
| <input type="checkbox"/> MI            | Resident Agent *  | <input type="checkbox"/> WA            | Insurance Commissioner #                            |
| <input type="checkbox"/> MN            | Commissioner of Commerce ~  | <input type="checkbox"/> WV            | Secretary of State#@                                |
| <input type="checkbox"/> MS            | Commissioner of Insurance and Resident Agent* BOTH are required.                  | <input type="checkbox"/> WY            | Commissioner of Insurance#                          |

# For the forwarding of Service of Process received by a State Officer complete Exhibit B listing by state the entities (one per state) with full name and address where service of process is to be forwarded. Use additional pages as necessary. Colorado will forward Service of Process to the Secretary of the Applicant Company and requires a resident agent for foreign entities. Exhibit not required for New Jersey, and North Carolina. Florida accepts only an individual as the entity and requires an email address. New Jersey allows but does not require a foreign insurer to designate a specific forwarding address on Exhibit B. SC will not forward to an individual by name; however, it will forward to a position, e.g., Attention: President (or Compliance Officer, etc.). Washington requires an email address on Exhibit B.

\* Attach a completed Exhibit B listing the Resident Agent for the Applicant Company (one per state). Include state name, Resident Agent's full name and street address. Use additional pages as necessary. (DC\* requires an agent within a ten mile radius of the District).

^ Initial pleadings only.

@ Form accepted only as part of a Uniform Certificate of Authority application.

MA will send the required form to the Applicant Company when the approval process reaches that point.

~ Minnesota does not forward Service of Process. To effectively serve the Commissioner of Commerce, use the process under Minn. Stat. § 45.028. Applicant Company may complete Exhibit B to provide a Service of Process address that Commerce may keep on file.

**Exhibit A**

**Resolutions Authorizing Appointment of Attorney**

**RESOLVED** by the Board of Directors of Swiss Reinsurance Company Ltd that Cristina Feistmann, Company Secretary of said entity, and Fabienne-Anne Rehulka, General Counsel EMEA of said entity, are thereby authorized by the Board of Directors to jointly sign and execute any document on behalf of said entity, inter alia, Consents to Service of Process to give irrevocable consent that actions may be commenced against said entity in the proper court of any jurisdiction, including the State of Florida, in which the action shall arise, or in which plaintiff may reside, by service of process in the state(s) indicated above and irrevocably appoints the officer(s) of the state(s) and their successors in such offices or appoints the agent(s) so designated in the Uniform Consent to Service of Process and stipulate and agree that such service of process shall be taken and held in all courts to be as valid and binding as if due service had been made upon said entity according to the laws of said state.

**CERTIFICATION:**

I, Cristina Feistmann, Company Secretary of Swiss Reinsurance Company Ltd

state that this is a true and accurate description of the authority granted by resolutions adopted effective the 21<sup>st</sup> day of April, 2015 and the 25<sup>th</sup> day of June, 2015 by the Board of Directors.

Date: 18<sup>th</sup> day of May, 2018



---

**Cristina Feistmann, Company Secretary  
Swiss Reinsurance Company Ltd**



OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER  
COMMISSIONER

**INVOICE**

In order to ensure that your payment is received and properly credited, please make your check payable to the Florida Department of Financial Services and return this invoice with your payment to:

Department of Financial Services  
Revenue Processing Section  
P.O. Box 6100  
Tallahassee, Florida 32314-6100

INVOICE NO: 18-2916

REFERENCE

NAME: Swiss Reinsurance Company Ltd  
ADDRESS: 175 King Street  
CITY, STATE, ZIP: Armonk, New York 10504  
FEID:  
NAIC CODE:  
EXAM YR END:  
CASE #: 226518-18-CO  
ATTORNEY: Jennifer Milam  
SOURCE: Property & Casualty Product Review

*Fine Due:* \$ 0.00  
*Costs Due:* \$ 2,500.00  
*Total Amount Due:* \$ 2,500.00

*Amount Remitted:*

OFFICIAL USE ONLY - PLEASE DO NOT MARK BELOW THIS LINE

<u>B/T</u>	<u>T/C</u>	<u>ET</u>	<u>AMOUNT</u>
C	1245 - P&C FR	J	
C	1249 - Attorney's Fees	J	

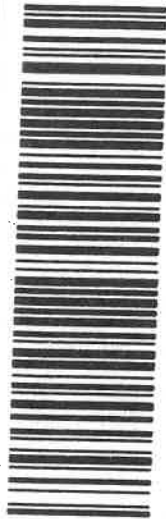
**Exhibit B**



FLORIDA OFFICE OF INSURANCE REGULATION  
FINANCIAL SERVICES COMMISSION  
200 EAST GAINES ST.  
TALLAHASSEE, FL 32399-4206

Return Service Requested

United States Postal Service  
**REGISTERED MAIL**



RB 249 751 694 US

Label 200, July 1999

(102595) 99-M-1904



Completed by the office of origin.  
(A remplir par le bureau d'origine.)

Completed at destination.  
(A compléter à destination.)

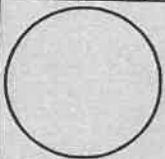
PS Form 2865, February 1997 (Reverse)

Item Description (Nature de l'envoi) <input checked="" type="checkbox"/> Registered Article (Envoi recommandé) <input type="checkbox"/> Insured Parcel (Colis avec valeur déclarée) <input type="checkbox"/> Office of Mailing (Bureau de dépôt) Addressee Name or Firm (Nom ou raison sociale du destinataire) Street and No. (Rue et No.) Place and country (Localité et pays)	Letter (Lettre) Printed Matter (Imprimé) Other (Autre) Recorded Delivery (Envoi à livraison attestée) Express Mail International
Insured Value (Valeur déclarée) Article Number Date of Posting (Date de dépôt)	Article Number Date of Posting (Date de dépôt)
This receipt must be signed by: (1) the addressee, or, (2) a person authorized to sign under the regulations of the country of destination, or, (3) if those regulations so provide, by the employee of the office of destination. This signed form will be returned to the sender by the first mail. (Ce avis doit être signé par le destinataire ou par une personne y autorisée en vertu des règlements du pays de destination, ou, si ces règlements le comportent, par l'agent du bureau de destination, et ramené par le premier courrier directement à expéditeur.)	
The article mentioned above was duly delivered. (L'envoi mentionné ci-dessus a été dûment livré.) Signature of Addressee (Signature du destinataire)	Date
Office of Destination Employee Signature (Signature de l'agent du bureau de destination)	Postmark of the office of destination (Timbre du bureau de destination)

Registered Article (Envoi recommandé)  
 Insured Value (Valeur déclarée)  
 Article Number  
 Date of Posting (Date de dépôt)  
 Office of Mailing (Bureau de dépôt)  
 Addressee Name or Firm (Nom ou raison sociale du destinataire)  
 Street and No. (Rue et No.)  
 Place and country (Localité et pays)

Letter (Lettre)  
 Printed Matter (Imprimé)  
 Other (Autre)  
 Recorded Delivery (Envoi à livraison attestée)  
 Express Mail International  
 Insured Value (Valeur déclarée)  
 Article Number  
 Date of Posting (Date de dépôt)

This receipt must be signed by: (1) the addressee, or, (2) a person authorized to sign under the regulations of the country of destination, or, (3) if those regulations so provide, by the employee of the office of destination. This signed form will be returned to the sender by the first mail. (Ce avis doit être signé par le destinataire ou par une personne y autorisée en vertu des règlements du pays de destination, ou, si ces règlements le comportent, par l'agent du bureau de destination, et ramené par le premier courrier directement à expéditeur.)  
 The article mentioned above was duly delivered. (L'envoi mentionné ci-dessus a été dûment livré.)  
 Signature of Addressee (Signature du destinataire)  
 Date  
 Office of Destination Employee Signature (Signature de l'agent du bureau de destination)  
 Postmark of the office of destination (Timbre du bureau de destination)





FLORIDA OFFICE OF INSURANCE REGULATION  
 FINANCIAL SERVICES CO.  
 200 EAST GAINES ST.  
 TALLAHASSEE, FL 32399-48

Return Service Requested

**UNITED STATES  
 POSTAL SERVICE®**

**Return Receipt for International Mail**  
 (Registered, Insured, Recorded Delivery, Express Mail)

Administration  
 des Postes des  
 Etats-Unis  
 d'Amérique

**Par Avion**

Postmark of  
 the office  
 returning the  
 receipt  
 Timbre du  
 bureau  
 renvoyant  
 l'avis

Return by the  
 quickest route  
 (air or surface  
 mail), a découvert  
 and postage free.....

The sender completes and indicates the address for the return of this receipt.  
 (A remplir par l'expéditeur, qui indiquera son adresse pour le renvoi du présent avis.)

Name of Firm (Nom ou raison sociale)  
**Jennifer A. Milam.....**

A renvoyer par  
 la voie la plus  
 rapide (aérienne  
 ou de surface),  
 à découvert et  
 en franchise de  
 port.

**Florida Office of Insurance Regulation**

Street and Number (Rue et no.)  
**200 East Gaines Street**

City, State, and ZIP + 4 (Localité et code postal)  
**Tallahassee, Florida 32399-4206**

**UNITED STATES OF AMERICA**      Etats-Unis d'Amérique

PS Form 2865, February 1997

**Avis de réception**

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