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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
ISU Insurance Services of Indiana, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	$70.00

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Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ISU Insurance Services of Indiana, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Nyla J. Starr
Name of Person

ISU Insurance Services of San Francisco
Firm/Company

201 California Street - Suite 200
Address

San Francisco, CA 94111
City/State and Zip code

nstarr@isugroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nyla J. Starr at (415) 623-5151
Name of Person — Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ $70.00 Filing Fee ☐ $78.75 Filing Fee & Certificate of Status ☐ $78.75 Filing Fee & Certified Copy ☐ $87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. ISU Insurance Services of Indiana, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Indiana (State or country under the law of which it is incorporated)

3. 20-3854333 (FEI number, if applicable)

4. 11/27/2005 (Date of incorporation)

5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 201 California Street - Suite 200 - San Francisco, CA 94111
(Principal office address)

201 California Street - Suite 200 - San Francisco, CA 94111
(Current mailing address)

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8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation (City), Florida 33324 (Zip code)

9. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: Scott White Asst. Secretary
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Thomas Joseph Ryan, III

Address: 201 California Street - Suite 200

San Francisco, CA 94111

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS

President: Thomas Joseph Ryan, III

Address: 201 California Street - Suite 200

San Francisco, CA 94111

Vice President: _____

Address: _____

_____

Secretary: Nyla J. Starr

Address: 201 California Street - Suite 200 - San Francisco, CA 94111

Treasurer: Thomas Joseph Ryan, III

Address: 201 California Street - Suite 200 - San Francisco, CA 94111

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Nyla J. Starr
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Nyla J. Starr
(Typed or printed name and capacity of person signing application)

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

ISU INSURANCE SERVICES OF INDIANA, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on November 17, 2005, and was in existence or authorized to transact business in the State of Indiana on July 08, 2015.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Eighth Day of July, 2015.

Connie Lawson

Connie Lawson, Secretary of State

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