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O SIMMONS FEB 23 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 1200000019	ACCOUNT	NO.	:	I2000000019
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REFERENCE : 520022 8017263

AUTHORIZATION

COST LIMIT :9 \$.125.00

ORDER DATE: February 22, 2017

ORDER TIME : 2:49 PM

ORDER NO. : 520022-005

CUSTOMER NO: 8017263

#### FOREIGN FILINGS

NAME: FIRST INSURANCE GROUP, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

#### COVER LETTER

TO:

Registration Section

Div	ision of Corporatio	ns						
SUBJECT:	First Insurance gro	ιp, LLC	_					
	Name of Limited Liability Company							
The enclosed Existence, ar	l "Application by Fo	reign Limited Liability Comp ed to register the above refer	pany for Authoriza enced foreign limit	tion to Tr ed liabilit	ansact Business in Florida," Certifica y company to transact business in Flo	te of		
Please return	all correspondence	concerning this matter to the	following:					
	Ken Jarosz							
		N	ame of Person	<del></del>				
	First Insurance	Group, LLC						
	Firm/Company							
	14010 FNB Pa	rkway Suite 300						
			Address					
	Omaha NE 68	154						
	The second section of the second section of the second section of the second section of the second section sec	City/S	tate and Zip Code		· · · · · · · · · · · · · · · · · · ·			
	Ken.Jarosz@hal	co.com						
		E-mail address: (to be use	d for future annual	report no	tification)			
For further in	formation concernit	g this matter, please call:						
Kei	ı Jarosz		402 at (	861-70	013			
	Name o	of Contact Person	Area Code	Day	ytime Telephone Number			
Div Reg P.O	ILING ADDRESS: ision of Corporation: istration Section Box 6327 ahassee, FL 32314			Division Registrat Clifton E 2661 Exc	r ADDRESS: of Corporations ion Section Building ecutive Center Circle see, FL 32301			
	check for the follow 125.00 Filing Fee	ing amount:  \$\int\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy			

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: First Insurance Group, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") The Harry A. Koch Co. LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LL.C.") 2 Nebraska 3 71-0974968 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 14010 FNB Parkway Suite 300 Omaha NE 68154 (Street Address of Principal Office) 14010 FNB Parkway Suite 300 Omaha NE 68154 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee , Florida 32301 (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complywith 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.

Corporation Service Company Melissa Zender (Registered agent's signature) Asst. Vice President 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Ken Jarosz Sr. Vice President 14010 FNB Parkway Suite 300 Omaha NE 68154 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any talse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Ken Jarosz

## STATE OF NEBRASKA

United States of America, State of Nebraska

} ss.

Secretary of State State Capitol Lincoln, Nebraska

I, John A. Gale, Secretary of State of the State of Nebraska, do hereby certify that

### FIRST INSURANCE GROUP, LLC

was duly formed under the laws of Nebraska on December 17, 2004;

all fees, taxes, and penalties due under the Nebraska Uniform Limited Liability Company Act or other law to the Secretary of State have NOT been paid;

the Company's most recent biennial report required by section 21-125 has NOT been filed by the Secretary of State;

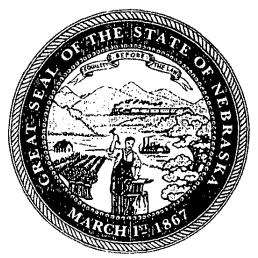
the Secretary of State has not administratively dissolved the company;

the Company has not delivered to the Secretary of State for filing a Statement of Dissolution;

a Statement of Termination has not been filed by the Secretary of State.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

In Testimony Whereof,



I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on this date of February 15, 2017

Secretary of State