SIGNATURE: ROBERT WALTER SZUMILAS

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

DOCUMENT# L19000017759

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: POLARIS INSURANCE, LLC

Current Principal Place of Business:

201 S. BISCAYNE BLVD 28TH FLOOR MIAMI, FL 33131

Current Mailing Address:

201 S. BISCAYNE BLVD FL 28 MIAMI, FL 33131 US

FEI Number: 26-3928368

Name and Address of Current Registered Agent:

SZUMILAS, ROBERT W 201 S BISCAYNE BLVD FL 28 MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT W. SZUMILAS

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

 Title
 MGR

 Name
 SZUMILAS, ROBERT W

 Address
 201 S BISCAYNE BLVD, FL 28

City-State-Zip: MIAMI FL 33131

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 10, 2022 Secretary of State 8064256524CC

Certificate of Status Desired: No

03/10/2022 Date

03/10/2022 Date

MANAGING MEMBER