2012 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 16, 2012
Secretary of State

DOCUMENT# F02000003504

Entity Name: BAIRD INSURANCE SERVICES, INC.

Current Principal Place of Business:

777 EAST WISCONSIN AVENUE
18TH FL
MILWAUKEE, WI 53202 US

New Principal Place of Business:

Current Mailing Address:

777 EAST WISCONSIN AVENUE
18TH FL
MILWAUKEE, WI 53202 US

New Mailing Address:

FEI Number: 39-1236032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: JOELLE CHURIK

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: VON PAUMGARTTEN, PAUL A
Address: 777 EAST WISCONSIN AVENUE
City-St-Zip: MILWAUKEE, WI 53202 US

Title: VPD
Name: SCHROEDER, MICHAEL J
Address: 777 EAST WISCONSIN AVENUE
City-St-Zip: MILWAUKEE, WI 53202 US

Title: DS
Name: HACKMANN, GLEN F
Address: 777 EAST WISCONSIN AVENUE
City-St-Zip: MILWAUKEE, WI 53202 US

Title: AS
Name: DECICCO, DAWN M
Address: 777 EAST WISCONSIN AVENUE
City-St-Zip: MILWAUKEE, WI 53202 US

Title: T
Name: ZARCONE, DOMINICK P
Address: 777 EAST WISCONSIN AVENUE
City-St-Zip: MILWAUKEE, WI 53202 US

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAWN M DECICCO AS 11/16/2012

Electronic Signature of Signing Officer or Director — Date