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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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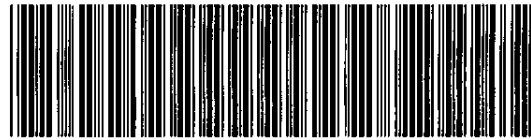
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/07/11--01015--004 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 SEP 26 PM 1:42

WILL 46390
75 9/27/11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
14 SEP 26 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 8, 2011

KRIS DIEBOLD
ASSURED NL INSURANCE AGENCY, INC.
895 CENTRAL AVENUE, STE 1100
CINCINNATI, OH 45202

SUBJECT: ASSURED NL INSURANCE AGENCY, INC.
Ref. Number: W11000046390

We have received your document for ASSURED NL INSURANCE AGENCY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the officer signing the document in #12 of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II

Letter Number: 211A00020840

Revised as requested

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11 SEP 23 AM 8:04
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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION
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**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. Assured NL Insurance Agency, 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. Delaware 3. 45-2712475
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/6/2011 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 895 Central Avenue, Ste. 1100 Cincinnati, OH 45202
(Principal office address)
- 895 Central Avenue, Ste. 1100 Cincinnati, OH 45202
(Current mailing address)

8. Insurance Agency
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. 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, Florida 33324
(City) (Zip code)

10. 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: Katie Szramek **Katie Szramek**
Assistant Secretary
(Registered agent's signature)

11. 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.

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

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DIVISION OF CORPORATIONS

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Jim Henderson

Address: 895 Central Avenue, Ste. 1100
Cincinnati, OH 45202

Vice President: Tom Riley Eric Anderson - Vice President

Address: 895 Central Avenue, Ste. 1100 895 Central Ave., Ste. 1100
Cincinnati, OH 45202 Cincinnati, OH 45202

Secretary: Paul Vredenburg

Address: 895 Central Avenue, Ste. 1100 Cincinnati, OH 45202

Treasurer: Paul Vredenburg

Address: 895 Central Avenue, Ste. 1100 Cincinnati, OH 45202

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

13. 
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.

14. Eric E. Anderson, VP

(Typed or printed name and capacity of person signing application)

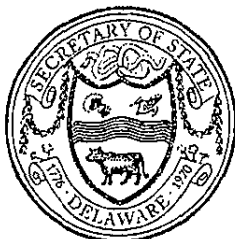
Delaware

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The First State

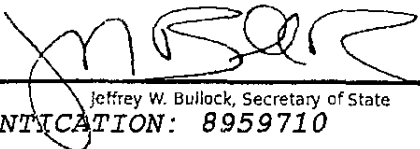
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ASSURED NL INSURANCE AGENCY, INC."
IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND
IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR
AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF
AUGUST, A.D. 2011.



5006785 8300

110904012

You may verify this certificate online


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8959710

DATE: 08-09-11