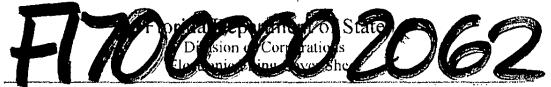
5/5/2017

Division of Corporations



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Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

: (512)418-6949 ber : (954)208-084\$ Phone Fax Number

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

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10.7

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FOREIGN PROFIT/NONPROFIT CORPORATION

Kin Insurance, Inc.

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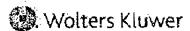
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FAXNUMBER	18506176383	
FROM	Kimberly Laughrey	_
DATE	2017-05-05 14:30:54 CST	
RE	Kin Insurance, Inc. 10477326	

COVER MESSAGE

Eric Brown Associate Fulfillment Specialist CT Corporation

Please note my email address is <u>Eric.Brown1@woiterskluwer.com</u>
Team (614) 280-3338
<u>GlobalFuifillmentTeam@wolterskluwer.com</u>



4400 Easton Commons Way Suite 125 Columbus, Ohio 43219 www.wolterskluwer.com

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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.

Kin Insurance, I			
"Inc.," "Co.," "C	orporation; must include "INCORPORATED," " orp," "ine," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
Kin Technologie	es, Inc.		
(If name unavails	ble in Florida, enter alternate corporate name ad-	opted for the purpose of transacting business in Florid	a)
Delaware	, 8	1-3300698	
(State or country	y under the law of which it is incorporated)	(PBI number, if applicable)	
January 19, 2017	7		
(Data	of incorporation)	(Date of duration, if other than perpetual)	
April 4, 2017			
	(Date first transacted business in P (SEE SECTIONS 607.1501 & 607.1502	iorida, if prior to registration) 2, P.S., to determine penalty liability)	
50 N. Orleans St	. Ste 9000N Chicago, Illinois 60654		
	(Principal	office address)	
<u></u>	(Current mailing	address, if different)	
Name:	t address of Florida registered agent: (P.O. National Registered Agents, Inc. (NRAI) 1200 S. Pine Island Road		7
fice Address:	Plantation	. Florida 33324	ري <u>چچ</u>
•	(City)	(Zip code)	د د ب
Decistered sos	ent's acceptance:	도소 고수 대한 교기	<u> </u>
		of process for the above stated corporation at a	he pl
	application. I hereby accept the appointme	int as registered agent and agree to act in this o	
ther agree to co	omply with the provisions of all statutes rel	ative to the proper and complete performance of	f my
ther agree to co lies, and I am f		my position as registered agent.	f my
rther agree to co	omply with the provisions of all statutes rel amiliar with and accept the opligations of t	my position as registered agent.	f my
rther agree to co ties, and I am fo By:	omply with the provisions of all statutes reliabilities reliabilities with and accept the obligations of the original with and accept the obligations of the original with an accept the original with the provisions of all statutes reliabilities of the original with	my position as registered agent.	,

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
	<u> </u>
Vice Chairman:	
Address:	
Director: Scan Harper	
Address: 350 N. Orleans St. Ste 9000N Chicago, Illinois 60654	
Director: Lucas Ward	
Address: 350 N. Orleans St. Sta 9000N Chicago, Illinois 60654	
B. OFFICERS	
President: Sean Herper	
350 N. Orlanos St., Sic 9000N Chicago, Illinois 60654	<u> </u>
Address:	建二 之 1
Vice President:	85 5 m
Address:	6.0
Lucas Ward	धून 8
Secretary: 350 N. Orleans St. Suc 9000N Chicago, Illinois 60654	
Address: Lucas Ward	
250 N. Odense St. Ste 0000Ni Chimmo Illinois 50654	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing	g additional officers and/or directors.
Signature of Director or Officer	•
The officer or director signing this document (and who is listed in number are true and that he or she is aware that false information submitted in a document at third degree felony as provided for in s.817.155, F.S.	11 above) affirms that the facts stated herein
13. Sean Harper, President & CSO	
(Typed or printed name and capacity of person sign	ning application)



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "KIN INSURANCE, 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 FIFTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



6083666 8300

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202494193

Date: 05-05-17