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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

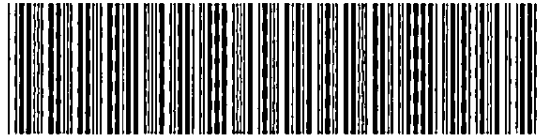
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FL

FILED

DEC 11

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASI SELECT INSURANCE CORP.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

J. Lee Roddenberry

Name of Person

Brennan Law Office, P.A.

Firm/Company

253 East Virginia Street, Suite B

Address

Tallahassee, FL 32301

City/State and Zip code

lroddenberry@gbb-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lee Roddenberry

850

224-0141

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

ASI Select Insurance Corp.

1. ASI Select Insurance Corp. (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. 27-3421622 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 30, 2010 5. (Date of incorporation) (Date of duration, if other than 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. 1 ASI Way, St. Petersburg, FL 33702 (Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Chief Financial Officer of the State of Florida

Office Address: 200 East Gaines Street

Tallahassee, Florida 32399 (City) (Zip code)

9. 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.

(Registered agent's signature)

10. 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.

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

A. DIRECTORS

Chairman: John F. Auer
Address: 1 ASI Way, St. Petersburg, FL 33702

Vice Chairman: Brian C. Domeck
Address: 1 ASI Way, St. Petersburg, FL 33702

Director: David L. Pratt
Address: 1 ASI Way, St. Petersburg, FL 33702

Director: Kevin R. Milkey
Address: 1 ASI Way, St. Petersburg, FL 33702

B. OFFICERS

President: David Lloyd Pratt
Address: 1 ASI Way, St. Petersburg, FL 33702


Vice President: Kevin R. Milkey
Address: 1 ASI Way, St. Petersburg, FL 33702

Secretary: Angel D. Conlin
Address: 1 ASI Way, St. Petersburg, FL 33702

Treasurer: Trevor C. Hillier
Address: 1 ASI Way, St. Petersburg, FL 33702

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

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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 third degree felony as provided for in s.817.155, F.S.

3. Angel D. Conlin, Secretary
(Typed or printed name and capacity of person signing application)

A. DIRECTORS (Continued)

Director: Tanya J. Fjare

Address: 1 ASI Way, St. Petersburg, FL 33702

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASI SELECT INSURANCE CORP." 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 THIRTIETH DAY OF OCTOBER, A.D. 2018.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASI SELECT INSURANCE CORP." WAS INCORPORATED ON THE THIRTIETH DAY OF AUGUST, A.D. 2010.

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



4866044 8300

SR# 20187392099

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203711059

Date: 10-30-18