17 SEP 29 PM 4:16

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000002954

1. Limited Liability Company's Name
Fireman's Fund Financial Services, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
225 W. Washington Street	
Suite, Apt. #, etc Suite 1800	Suite, Apt. #, etc.
City & State Chicago, IL	City & State
Zip: 60606 Country: USA	Zip: Country:

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 20-0832888 ☐ Applied For ☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Michele Miller
REGISTERED AGENT Assistant Secretary
Date: 9/29/17

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
CEO	William Scaldaferri	225 W. Washington St, Suite 1800	Chicago, IL 60606-3484
CFO	Douglas R.(Randy) Renn	225 W. Washington St., Suite 1800	Chicago, IL 60606-3484
Sec.	Julie A. Garrison	225 W. Washington St., Suite 1800	Chicago, IL 60606-3484
VP	Allan Hull	3100 Zinfandel Dr., Suite 240	Rancho Cordova, CA 95670-6237

11. E-mail Address: majoraccountteam2@wolterskluwer.com
(To be used for future annual report notices)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Alison La Field Date: 9/29/17 Daytime Phone #: 415-899-4755

Typed or printed name of signing Authorized Representative/Manager: Alison La Field, Reg. Compliance Analyst

SEP 29 2017

M. WILLIAMS

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

FIREMAN'S FUND FINANCIAL SERVICES, LLC

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