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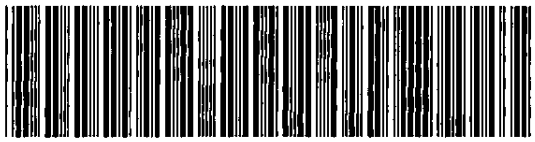

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2009 DEC -4 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
DEC 8 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Avalon Risk Management Insurance Agency LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Andrew A. Sutter
Name of Person

Avalon Risk Management Insurance Agency LLC
Firm/Company

150 Northwest Point BLVD. 4th floor,
Address

Elk Grove Village, IL 60007
City/State and Zip Code

compliance@avalonrisk.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew A. Sutter at (847) 700-8174
Name of Person Area Code & Daytime Telephone Number

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

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

Enclosed is a check for the following amount:

☒ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy

Florida Secretary of State

To Whom It May Concern:

Please be advised that pursuant to an agreement which closed October 13, 2009 Avalon Risk Management Inc. an Illinois corporation, (Seller) with FEIN 36-4201541 has sold the renewal rights and certain tangible and intangible assets to Avalon Risk Management Insurance Agency LLC (Purchaser), including the trade names, trade styles logos and trademarks and service marks. The senior managers of Avalon Risk Management Inc. (Old Name) have become shareholders and officers of the Purchaser and continue to administer the business in transition on behalf of both parties.

In order to facilitate the smoothest transition possible Seller has agreed to change its name to make the Old Name or a comparable name available to Purchaser. Certain infrastructure and IT work is being prepared to support the transition. Purchaser with FEIN 20-1572094 wishes to change its name to Avalon Risk Management Insurance Agency LLC., in order to preserve the maximum value of the acquired asset. Seller hereby consents to Purchaser's use of the Old Name or any name containing the words Avalon Risk Management or ARM and waives all conflict. Moreover upon the change of the name for Purchaser, Seller will cease doing business in Florida under the Old Name and will immediately file a name change to Kingsway America Agency, Inc. the application for which is attached hereto.

We hereby request that these changes be accomplished simultaneously as soon as possible.

Simultaneous actions as follows:

Initial registration for AVALON RISK MANAGEMENT INSURANCE AGENCY LLC (FEIN 20-1572094)

Name change
AVALON RISK MANAGEMENT, INC. (FEIN 36-4201541)
to
KINGSWAY AMERICA AGENCY INC.

We realize that this is a complex issue and appreciate all expediency. Please contact the following with any questions or requests for additional information.

Andrew Sutter
Direct Phone: 847-700-8174
Direct Fax: 847-952-7020
Email: asutter@avalonrisk.com
150 Northwest Point BLVD, 4th Floor
Elk Grove Village, IL 60007

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Avalon Risk Management Insurance Agency LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")

2. CONNECTICUT
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-1572094
(FEI number, if applicable)

4. August 26, 2004
(Date of Organization)

5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 150 Northwest Point BLVD, 4th floor, Elk Grove Village, IL 60007
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Gordon Pratt - Four Forest Park Drive, Farmington, CT 06032

James R. Zuhlke - 150 Northwest Point BLVD, 4th floor, Elk Grove Village, IL 60007

Lisa M. Gelsomino - 150 Northwest Point BLVD, 4th floor, Elk Grove Village, IL 60007

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida:

To provide insurance brokerage services

X _____
Signature of a member or an authorized representative of a member
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Lisa M. Gelsomino, President & CEO
Typed or printed name of signee

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2009 DEC -4 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Avalon Risk Management Insurance Agency LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System
(Name)

1200 South Pine Island Road
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation FL 33324
City/State/Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

C T Corporation System

By: Ben McNamara
(Signature)

Bernadette McNamara
Assistant Secretary

$ 100.00 Filing Fee for Application
$ 25.00 Designation of Registered Agent
$ 30.00 Certified Copy (optional)
$ 5.00 Certificate of Status (optional)

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that articles of organization for

AVALON RISK MANAGEMENT INSURANCE AGENCY LLC

a domestic limited liability company, were filed in this office on August 26, 2004.

Articles of amendment for ACADIA SPECIALTY INSURANCE AGENCY, LLC, changing its name to FMG SPECIALTY INSURANCE AGENCY LLC, were filed on November 04, 2008.

Articles of amendment for FMG SPECIALTY INSURANCE AGENCY LLC, changing its name to AVALON RISK MANAGEMENT INSURANCE AGENCY LLC, were filed on October 23, 2009.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

Date Issued: November 06, 2009

Business ID: 0794676 Standard Certificate Number: 2009254992001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov