PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 APR -4 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M11000002405

CR2E041 (1/14)

1. Limited Liability Company's Name

AIC Underwriters, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
800 Oak Ridge Turnpike	800 Oak Ridge Turnpike
Suite, Apt. #, etc.: Suite A-1000	Suite, Apt. #, etc.: Suite A-1000
City & State: Oak Ridge, TN	City & State: Oak Ridge, TN
Zip: 37830 Country: US	Zip: 37830 Country: US

4. State/Country of Formation: Louisiana

5. Date Organized or Qualified To Do Business in Florida: 5/10/2011

6. FEI Number: 27-4359062 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. # Etc.:

City: Tallanassee State: FL Zip Code: 32301

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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: [signature] REGISTERED AGENT MUST SIGN Date: 1/24/14

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
AR	Robert J. Arowood	800 Oak Ridge Turnpike, Ste A-1000	Oak Ridge, TN 37830

REINSTATEMENT

2012-2014

11. E-mail Address: licensing@appund.com
(To be used for future annual report notifications)

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 608, 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: [signature] Date: 2/10/14 Daytime Phone #: 888-376-9633

Typed or printed name of signing Authorized Representative/Manager: Robert J. Arowood

APR 4 2014

M. WILLIAMS