

m/s 000005071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

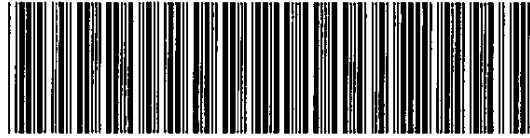
Certified Copies _____ Certificates of Status _____

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JUN 29 2015

T. SCOTT



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15 JUN 18 AM 9:01



June 15, 2015

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

RE: CERTIFICATE OF AUTHORITY
STATE OF FLORIDA

Please approve the Application for Authority for AssuredPartners of Illinois, LLC in the state of Florida.
Enclosed are the following:

1. Application for Authority
2. Certificate of Good Standing from Sec. of State
3. Check in the amount of \$130

Please return the approved information to:

AssuredPartners of Illinois, LLC
c/o Herbert L. Jamison & Co., LLC
20 Commerce Dr., Second Floor
Cranford, NJ 07016
ATTN: Jordan Lawrence

Very truly yours,

Jordan Lawrence
Assistant Analyst
Ph 973.669.2344
Fax 973.731.8439
jlawrence@jamisongroup.com

Encl.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AssuredPartners of Illinois, 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:

Steve Lawrence

Name of Person

Herbert L. Jamison & Co., LLC

Firm/Company

20 Commerce Dr, Ste 200

Address

Cranford, NJ 07016

City/State and Zip Code

slawrence@jamisongroup.com

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

For further information concerning this matter, please call:

Steve Lawrence

973

669-2301

at ()

Name of Contact 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

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. AssuredPartners of Illinois, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Illinois

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

3. 38-3970092

(FEI number, if applicable)

4. 06/30/15

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4153 Main Street

Skokie, IL 60076

(Street Address of Principal Office)

6. c/o Herbert L. Jamison & Co., LLC

20 Commerce Dr., Suite 200 Cranford, NJ 07016

(Mailing Address)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(City)

(Zip code)

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.

Corporation Service Company

By:

(Registered agent's signature)

SIGNER

15 JUN 18 AM 9:

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Please see attached

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Dean Curtis, SR VP

Typed or printed name of signee

AssuredPartners of Illinois, LLC Officers & Directors

FEIN: 38-3970092

Name	Title	Business Address
Jim W. Henderson	Manager, Senior VP	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Thomas E. Riley	Manager, Senior VP	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Paul Vredenburgh	Manager, Senior VP, Secretary	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Eric Anderson	Senior VP	2305 River Rd. Louisville, KY 40206
Dean J. Curtis	Senior VP	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Stanley K. Kinnett, II	Chief Corporate Counsel, Asst. Secretary	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
R. Scott Cummings	Senior VP	4153 Main St Skokie IL 60076
American Westbrook Insurance Services, LLC	Member, 100% Shareholder	4 Westbrook Corporate Center Westchester, IL 60154



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached are the instructions to register a foreign limited liability company to transact business in Florida. The requirements are as follows:

Pursuant to s. 605.0902, Florida Statutes, the attached application must be completed in its entirety.

The foreign limited liability company **must** submit 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. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.

- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If the name of your limited liability company is not distinguishable on our records, you must adopt an alternative name to use in the state of Florida.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," The abbreviation "L.L.C.," or the designation "LLC."

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

The fees to register are as follows:

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

➤ **Important Information About the Requirement to File an Annual Report**

All Foreign Limited Liability Companies must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$138.75. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1st, go to our website at www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.

A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

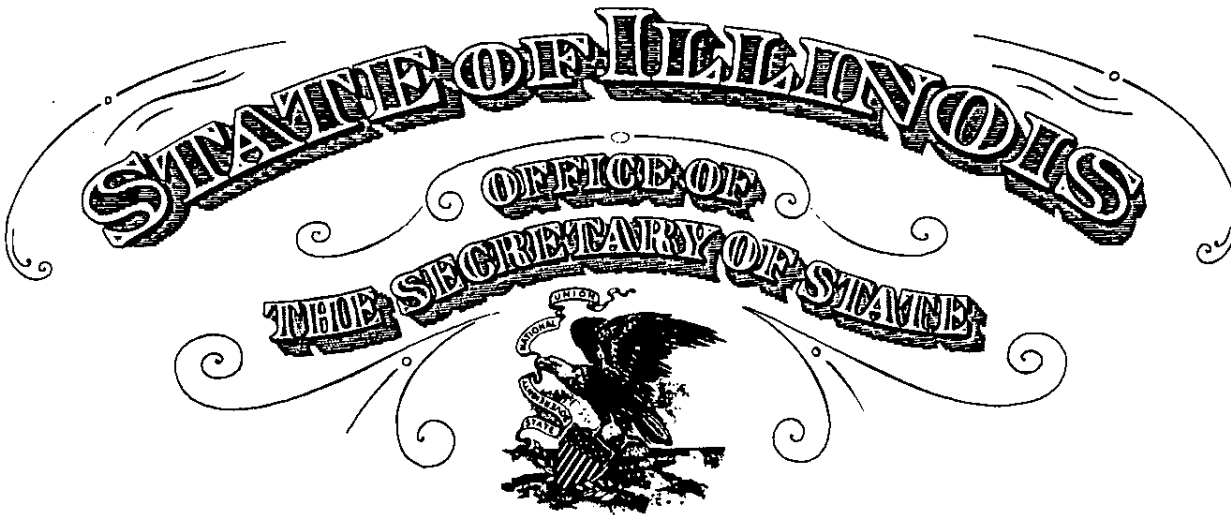
MAILING ADDRESS:

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

File Number 0527425-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ASSUREDPARTNERS OF ILLINOIS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 01, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH day of MAY A.D. 2015 .

Jesse White

Authentication #: 1513301814

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE