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August 12, 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 Oregon, 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 Oregon, 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 973.731.3035 jlawrence@jamisongroup.com

Encl.

COVER LETTER

TO:

| TO: | | on Section f Corporations | , , , | | | |
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| SUBJE | Assu | redPartners of C | Oregon, LLC | | | |
| SOBJE | CI | | Name of L | imited Liability (| Company | |
| | | | | | | nsact Business in Florida," Certificate of company to transact business in Florida |
| Please r | eturn all co | respondence co | oncerning this matter to the fo | ollowing: | | |
| | | Jordan Lawrenc | e | | | |
| | _ | | Nar | ne of Person | | |
| | F | Ierbert L. Jamis | on & Co., LLC | | | |
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| | C | Cranford, NJ 076 | 016 | | | |
| | _ | | City/Sta | te and Zip Code | | |
| | sla | wrence@jamiso | ongroup.com | | | |
| | | | E-mail address: (to be used | for future annual | report not | fication) |
| For furth | her informa | ion concerning | this matter, please call: | | | |
| | Jordan La | wrence | | 973 at (| 669234 | 4 |
| | | Name of | Contact Person | Area Code | Day | time Telephone Number |
| | Division o Registration P.O. Box 6 | | | | Division of Registrati Clifton Bi 2661 Exe | ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301 |
| Enclosed | | for the followir Filing Fee | ng amount: \$\Bigsim \\$130.00 \text{ Filing Fee & Certificate of Status} | ☐ \$155.00 Filin Certified Copy | g Fee & | ☐ \$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:

| this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a the obligations of my position as registered agent. Corporation service Company By: (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Please See Attached | urbsdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Bale first transacted business in Florida, if prior to registration, (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2000 Pacific Ave Forest Grove, OR 97116 (Street Address of Principal Office) (Vo Herbert L. Jamison & Co., LLC 20 Commerce Dr., Ste 200 Cranford, NJ 07016 (Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 1201 Hays Street Tallahassee (City) (City) | (Jurisdiction under the law of which for company is organized) 4. 08/31/2015 (Da (See so See so Se | te first transacted business in Florid ections 605.0904 & 605.0905, F.S. PR 97116 (Street Address of Principal Of | (FEI number, if applicated) da, if prior to registration.) to determine penalty liability) | ble) | |
|--|--|--|--|--|-------------------|------------|
| (Street Address of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: (City) (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place design this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to the his application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to the boltgations of all statutes relative to the proper and complete performance of my duties, and I am familiar with a corporation as a capital agents. Corporation service Company By: (Registered agent's signature) (Registered agent) (Registered agent's signature) (Registered agent's signature) | urbsdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Bale first transacted business in Florida, if prior to registration, (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2000 Pacific Ave Forest Grove, OR 97116 (Street Address of Principal Office) (Vo Herbert L. Jamison & Co., LLC 20 Commerce Dr., Ste 200 Cranford, NJ 07016 (Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 1201 Hays Street Tallahassee (City) (City) | (Jurisdiction under the law of which for company is organized) 4. 08/31/2015 (Da (See so 2000 Pacific Ave Forest Grove, O | te first transacted business in Florid ections 605.0904 & 605.0905, F.S. PR 97116 | da, if prior to registration.) to determine penalty liability) | ble) | |
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| | | | | | ng custody of rec | cords in t |

Dean Curtis, SR VP

Typed or printed name of signee

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

AssuredPartners of Oregon, LLC Officers & Directors

| Name | Title | Business Address |
|--------------------------------|--|---|
| Jim W. Henderson | Manager, Chairman | 200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746 |
| Thomas E. Riley | Manager, President, COO | 200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746 |
| Paul Vredenburg | 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 |
| Thomas Belusko, Jr. | President | 2000 Pacific Avenue Forest Grove, OR 97116 |
| AssuredPartners of Oregon, LLC | 100% Shareholder | 200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746 |

SECRETARY OF STATE TAEL AHASSEE FLORIDA

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Locate Control of the Control of the

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 590J399Y2

I, JEANNE P. ATKINS, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

ASSUREDPARTNERS OF OREGON, LLC

is

Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certification



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

Jeanne S. atkins

JEANNE P. ATKINS, SECRETARY OF STATE
7/30/2015