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May 5, 2016

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 Michigan, 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 Michigan, LLC c/o Herbert L. Jamison & Co., LLC 20 Commerce Dr., Second Floor Cranford, NJ 07016 ATTN: Steve Lawrence

Very truly yours,

Stephen R. Lawrence Vice President Ph 973.669.2301 Fax 973.731.8439 slawrence@jamisongroup.com

Encl.

COVER LETTER

Registration Section
Division of Corporations

TO:

SHRIFCT.	AssuredPartners of	Michigan, LLC				
Jobseff.			Limited Liability	Company	- ·	
		eign Limited Liability Comp d to register the above refere				
Please return	all correspondence c	oncerning this matter to the	following:			
	Jordan Lawrence	ce				
		Na	nme of Person	<u>-</u>		
	Herbert L. Jami	son & Co., LLC				
		Fi	rm/Company			
	20 Commerce I	Or, Ste 200				
			Address			
	Cranford, NJ 07	7016				
	_	City/St	ate and Zip Code			
	slawrence@jamis					
		E-mail address: (to be used	for future annua	report not	ification)	
For further inf	ormation concerning	g this matter, please call:				
Jorda	an Lawrence		973	669-23		
	Name o	f Contact Person	_ at (Area Code	Day	time Telephone Number	
Divis Regis P.O.	LING ADDRESS: tion of Corporations stration Section Box 6327 hassee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	check for the follow 25.00 Filing Fee	ing amount: \$\Bigsim \\$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filir Certified Copy		☐ \$160.00 Filing Fee, Co of Status & Certified Cop	

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:

	eign Limited Liability Company; m	ust include Limited Liab	inty Company, L.L.C	J., OF 1.1.V	L.)	
If name unavailable, enter a Liability Company," "L.L.C.	Ilternate name adopted for the purpo ," or "LLC.")	se of transacting business	in Florida. The alterna	ate name mi	ust inclu	de "Limited
2. MI		332-0487051				
(Jurisdiction under the law company is organized)	of which foreign limited liability	J	(FEI number, if appl	icable)	.	
1. 15/15/16						
,	(Date first transacted busin (See sections 605.0904 & 60)	iess in Florida, if prior to i 5.0905, F.S. to determine	registration.) penalty liability)			
601 Abbot Rd						
East Lansing, MI 4882	23					
	(Street Address of	•		·	r (21 C (22)	
c/o Herbert L. Jamison	& Co., LLC 20 Commerce Dr,	Ste 200			C한다	AVE TANK
Cranford, NJ 07016				in Sp	13:15 12:00 14:00 16:00	Contraction Contraction D E
	(Mailing	(Address)			ō	il il
V. Name and street addre	ss of Florida registered agent: (F	P.O. Box NOT accepta	ble)		U	
Name:	Corporation Service Company	· · · · · · · · · · · · · · · · · · ·	,	STATE	č ن	0
Office Address:	1201 Hays Street			DE A	05	
			i i			
	Tallahassee		Florida 32301			
	(City)		(Zip coc	•		
Having been named as re lesignated in this applica o complywith the provisi	(City) otance: egistered agent and to accept services, I hereby accept the appoint ions of all statutes relative to the my position as registered agent. Corporation Service Companies.	itment as registered ag proper and complete	(Zip coo above stated limited ent and agree to act	l liability o	pacity.	I further
Having been named as re lesignated in this applica o complywith the provisi accept the obligations of t	(City) otance: egistered agent and to accept services, I hereby accept the appoint ions of all statutes relative to the my position as registered agent. Corporation Service Companies.	timent as registered age proper and complete proper and complete proper and complete property and the complete property an	above stated limited ent and agree to act performance of my	l liability o	pacity.	I further
Having been named as relesignated in this applicate complywith the provising cept the obligations of the same, title or capa	(City) otance: egistered agent and to accept services, I hereby accept the appointions of all statutes relative to the my position as registered agent. Corporation Service Compa	timent as registered age proper and complete proper and complete proper and complete property and the complete property an	above stated limited ent and agree to act performance of my	l liability o	pacity.	I further
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Having been named as relesignated in this applica ocomplywith the provisincept the obligations of the control o	(City) otance: egistered agent and to accept services, I hereby accept the appointions of all statutes relative to the my position as registered agent. Corporation Service Compa	timent as registered age proper and complete proper and complete proper and complete property and the complete property an	above stated limited ent and agree to act performance of my	l liability o	pacity.	I further
designated in this applicate of complywith the provision of the obligations of the obligations of the complete of the obligations of the complete of the compl	cof existence, no more than 90 do of which it is organized (If the cof whi	stment as registered age proper and complete property. Stered agent's signature) Who has/have authorite and complete property.	above stated limited ent and agree to act performance of my or y to manage is/are:	I liability can this can duties, and	pacity.	I further w

Typed or printed name of signee

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

AssuredPartners of Michigan, LLC Officers & Directors

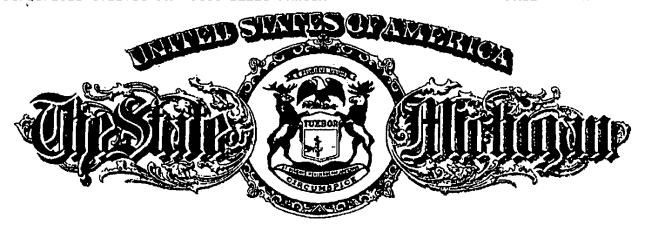
FEIN: 32-0487051

200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746 200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746 200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746 200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746 200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746 200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746 200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746 2305 River Rd. Louisville, KY 40206 **Business Address** Chief Corporate Counsel, Asst. Secretary Member- 100% Shareholder Manager, EVP, Secretary Asst. Secretary Manager, SVP Manager, SVP SVP SVP AssuredPartners Capital, Inc. Stanley K. Kinnett, II Jim W. Henderson Paul Vredenburg Thomas E. Riley Dean J. Curtis **Eric Anderson** Walter Smith

CALCIARY OF STATE

MENT 10 P 5 05

n m U



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

ASSUREDPARTNERS OF MICHIGAN, LLC

was validly organized on February 24, 2016 as a Limited Liability Company. Said Limited
Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission 1381986 In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 28th day of April, 2016

Julia Dale, Director

ulia Dale

Corporations, Securities & Commercial Licensing Bureau