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Division of Corporations

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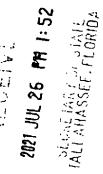
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Account Number : FCA0000000023 : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company PEAK6 Insurtech Holdings LLC



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Corporate Filing Menu

Help

To: 18506176393 · Page: 4 of 6 2021-07-26 11:42:40 CST 16144554862 From: James Tanks III

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

IN COMPHANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

rame unavadable, enter alternate	name adopted in the purpose of transacting business in the	onda. The alter	teate traine must include "Familied Liak	infity Company," "L.L.C." or
Delaware		3.	2-0254646	
(Jurisdiction under the law of w	thich foreign limited liability company is organized)	J	(I'I J number	r. třapp (cable)
	(Date first transacted Instiness in Florida of prior to o Osco sections 603 0004 & 603 0005, F.S. to determine	agistration) ne penalty lieb	dity	
141 W. Jackson Blvd.			H. W. Jackson Blvd., Suite	
eet Address of Principal Office)		·	(Mailing Address)	
Chicago, IL 60604		C	ticago, IL 60604	207
				· · · · · · · · · · · · · · · · · · ·
				i : ⊊
		<u>. </u>		JUL 2
Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box	NOT acc	eptable)	JUL 26 PH 7
Name and street address Name:	ss of Florida registered agent: (P.O. Box C T Corporation System	NOT acc	eptable)	JUL 26 PH 7:00
	_	NOT acc	eptable)	JUL 26 PM 7: 00
Name:	C T Corporation System	NOT acc	eptable)	JUL 26 PM 7: 00

(Registered agent's signature)

8.	For initial indexing purposes,	, list names, title o	capacity and addre	sses of the primary	y members/managers o	r persons authorized to
nia	nage [up to six (6) total]					

Title or Capacity:	Name and Address:	Title or Capacity	<u>v:</u>	Name and Address:
□Manager	Name:	□Manager	Name:	· · · ·
□Member	Address: 441 W. Jackson Blvd.	□Member	Address:	
≅ Authorized	Suite 500	□Authorized		
Person	Chicago, IL 60604	Person		
□Other	N/A	□Other		⊒Other
⊡Manager	Name	_Manager	Name:	
□Meniber	Address:	□Member	Address:	
□ Authorized		☐ Authorized		2021
Person		Person		<u></u>
□Othet	Other	Other		Other P
□Manager	Name:	⊒Manager	Name:	
□ Member	Address:	□Member	Address:	
□ Authorized		☐ Authorized		
Person		Person		
□Other		□Other		_Other

Important Notice—Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filling your Florida Department of State Annual Report form.

- 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)
- 10. 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 \$817.155, F.S.

Jay Coppoletta		
	Signature of an authorized person	
Jay Coppoletta		
	Typed or pointed name of signee	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

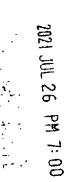
DELAWARE, DO HEREBY CERTIFY "PEAK6 INSURTECH HOLDINGS LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Authentication: 203760489

Date: 07-26-21