State of Rhode Island and Providence Plantations **Department of State - Business Services Division** 

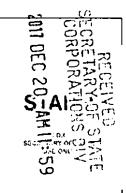
## **Certificate of Authority**

**FOREIGN** Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1,2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that nurnose submits the following statem

for that purpose submits the following statement:		
1. The name of the corporation is:		
Hub International Group Northeast Inc.		
2. It is incorporated under the laws of: Delaware	)	
3. The name, if different, which it elects to use in Rho	ode Island is:	
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation there above corporate endings for use in Rhode Island:	•	• • •
(b) If the corporate name is not available in Rhode Is corporation will qualify and transact business in Rho filed with this application:		
4. The date of its incorporation is: 5/26/1993	<u></u>	
And the period of its duration is: CHECK ONLY ON Perpetual (on-going)	E BOX	
Date certain for dissolution		
5. The address of its principal office is:		· · · · · · · · · · · · · · · · · · ·
5 Bryant Park, 4th Floor, New York, NY 10018		
6. The name and address of the initial registered age	ent/office of in Rhode Island:	. 21.
Agent Name Corporation Service Company		
Street Address ( <u>NOT</u> a P.O. Box) 222 Jefferson Bo	ulevard, Suite 200	
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
MAIL TO:		FILED - STARS9
Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615	5	DEC 2 0 2017
Phone: (401) 222-3040 Website: www.sos.ri.gov		DEC 20 2017 10:59 BY CH 320250



7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

insurance brokerage services

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8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME			Α	DDRESS
John M. Albright		300 N. LaSalle Street, Chicago, IL 60654		
Martin P. Hughes		300 N. LaSalle Str	eet, Chicago, IL 6	0654
				Check the box to indicate an attachment.
8. (b) The names and re of the state or country of			officers (mandator)	y if directors are not required under the laws
OFFICE		NAME		ADDRESS
PRESIDENT	Paul Collins		5 Bryant Park	, 4th Floor, New York, NY 10018
VICE PRESIDENT	Julie Hutchi	nson	300 N. LaSalle	e Street, Chicago, IL 60654
TREASURER	Michael Gall	anis	300 N. LaSalle	e Street, Chicago, IL 60654
SECRETARY	Ivy S. Fische	Ivy S. Fischer 5 Bryant Park, 4th Floor, New York, NY 10018		, 4th Floor, New York, NY 10018
	•			Check the box to indicate an attachment.
9. The aggregate numb par value, and series, if			o issue; itemized b	y classes, par value of shares, shares without
NUMBER OF SHARES	CLAS	S	SERIES	PAR VALUE OR STATE NO PAR VALUE
1000	Соттол	none		\$.01
		<u> </u>		
10. (a) Estimate, in do				dollars, the value of the corporation's property
owned by the corporation located:		ang year, wherever	to be located wit	hin Rhode Island during the following year:
\$ 5,000,000			\$ <sup>0</sup>	
within this state during t	the following ye	ear bears to the value	of all property of t	property of the corporation to be located he corporation to be owned during the
following year, whereve	r located. Note	: Divide (10b) by (10	a) and multiply by	100 to obtain the percentage.
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(c) Estimate, as a percentage, the proportion of the gross a	Rhode Island during the following year. <u> <u> </u> <u> 1,000,000</u> mount of business to be transacted by the corporation at or </u>
from places of business in Rhode Island during the following transacted by the corporation during the following year. Note percentage.	Vear compared to the arcs amount the motivative will be
<b>1</b> %	
12. This application must be accompanied by a Certificate o the state or country under the laws of which it is incorporate	f Good Standing/Letter of Status issued by the proper officer of d that is dated within 60 days of the filing of this document.
13. Date when the Certificate of Authority will be effective: C	
Date received (Upon filing)	
Later effective date (Date must be no more than 90 day	s from the day of filing)
Later effective date (Date must be no more than 90 day	mined this Application for Certificate of Authority, including new
Later effective date (Date must be no more than 90 day Under penalty of perjury, I declare and effirm that I have exa	mined this Application for Certificate of Authority, including new

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HUB INTERNATIONAL GROUP NORTHEAST INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HUB INTERNATIONAL GROUP NORTHEAST INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF MAY, A.D. 1993.

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



2337950 8300 SR# 20177668122 You may verify this certificate online at corp.delaware.gov/authver.shtml

of State

Authentication: 203792892 Date: 12-19-17



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly executed in

accordance with the provisions of Title 7 of the General Laws of Rhode Island, as

amended, has been filed in this office on this day:

December 20, 2017 11:59 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

