Filing Fee: \$150.00



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

## LIMITED LIABILITY COMPANY

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# **APPLICATION FOR REGISTRATION**

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

### AssuredPartners of Missouri, LLC

This company has been duly organized in its state of formation as a low-profit limited liability company. (Check box if applicable)

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

3.	The limited liability company is organized under the law	ws of Missouri		
4.	The date of its organization is 8/26/2013			
5.	The period of duration of the limited liability company is	s (if perpetual, so state) perpetua	l	
6.	The address of the limited liability company's resident	agent in Rhode Island is:		
	222 Jefferson Boulevard, Suite 200	Warwick	, RI	02888
	(Street Address, <u>not</u> P.O. Box)	(City/Town)		(Zip Code)
	and the name of the resident agent at such address is	Corporation Service Company		
		(Name of Age	ent)	
7.	The secretary of state is appointed the agent of the f time there is no resident agent or if the resident agent diligence.	oreign limited liability company fo cannot be found or served follow	or serving the	vice of process if at any exercise of reasonable
8.	The address of any office required to be maintained limited liability company is organized is:	in the state or other jurisdiction	unde	r the laws of which the
	11975 Westline Industrial Dr. Saint Louis, MO 63146			
9.	The mailing address for the limited liability company is:			
	100 Executive Dr. Suite 200 West Orange, NJ 07052			

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- 10. Management of the Limited Liability Company:
  - A. The limited liability company is to be managed by its members. (If you have checked this box, go to item no. 11.)

or

B. The limited liability company is to be managed  $\checkmark$  by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)

Manager	Address
Please see attached	

- 11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.
- 12. The date this Application for Registration is to become effective, if later than the date of filing, is:

12/13

(not prior to, nor more than 30 days after, the filing of this Application for Registration)

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 10/25/13

### AssuredPartners of Missouri, LLC

Print Exact Name of Limited Liability Company Making Application By

Signature of Authorized Person

# AssuredPartners of Missouri, LLC Officers & Directors

# 80-0948154

Name	Title
Jim W. Henderson	Chairman & CEO, Manage
Thomas E. Riley	COO, Manager
Paul Vredenburg	Senior VP, Sec, Manager
Eric Anderson	Senior VP
Dean Curtis	Senior VP
Stanley K. Kinnett, II	Chief Corporate Counsel,
AssuredPartners Capital, Inc.	100% Shareholder

porate Counsel, Asst. Sec.

# **Business Address**

າ & CEO, Manager

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

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# **STATE OF MISSOURI**



Jason Kander Secretary of State

# CORPORATION DIVISION

# CERTIFICATE OF GOOD STANDING

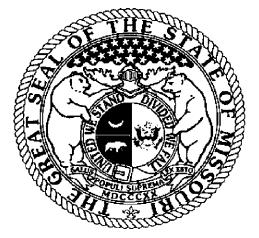
I, JASON KANDER, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

### ASSUREDPARTNERS OF MISSOURI, LLC LC1337639

was created under the laws of this State on the 26th day of August, 2013, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 29th day of October, 2013

Secretary of State



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Certification Number: 15723748-1 Reference: Verify this certificate online at https://www.sos.mo.gov/businessentity/soskb/verify.asp State of Rhode Island and Providence Plantations



A. Ralph Mollis Secretary of State

# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

# I, A. RALPH MOLLIS, 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:

A. ' apr loceio

A. RALPH MOLLIS Secretary of State

