	State of Rhode Island Fee: \$150.0 Office of the Secretary of State					
	Division Of Business Services					
	148 W. River Street					
	Providence RI 02904-2615					
1630	(401) 222-3040					
Foreign Limited Liability Company Application for Registration						
(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)						
	ARTICLE I					
The name of the limited liability company is: FRONTIER INSURANCE DISTRIBUTION, LLC						
Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.						
ARTICLE II						
The name, if different, under which it proposes to register and transact business in Rhode Island is:						
ARTICLE III						
The Limited Liability Company is organized under the laws of: State: <u>DE</u> Country: <u>USA</u>						
The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.						
Later Effective Da	te:					
ARTICLE IV						
The date of its organization is: $8/1/2006$						
ARTICLE V						
The period of its duration is: <u>X</u> Perpetual						
ARTICLE VI						
The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:						
No. and Street:	222 JEFFERSON BOULEVARD					
	<u>STE 200</u>					
City or Town:	WARWICK STATE COMPANY STATE OF COMPANY					
Name:	CORPORATION SERVICE COMPANY					

Article VII

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

INSURANCE MARKETING

ARTICLE VIII

The Rhode Island Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

ARTICLE IX							
The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:							
No. and Street:	251 LITTLE FALLS DRIVE						
City or Town:	<u>WILMINGTON</u>	State: <u>DE</u>	Zip: <u>19808</u>	Country: <u>USA</u>			
ARTICLE X							
The mailing address for the limited liability company is:							
No. and Street:	2650 MCCORMICK DR 2005						
City or Town:	CLEARWATER	State: <u>FL</u>	Zip: <u>33759</u>	Country: <u>USA</u>			
ARTICLE XI							
The limited liabilty company is to be managed by its <u>Members</u> or <u>X</u> Managers (check one)							
* If you checked to be managed by your MEMBERS (<i>the owners</i>) DO NOT complete the following section. <u>Only</u> complete the following section if you checked to be managed by MANAGERS.							
The name and address of each manager:							
Title	Individual Name First, Middle, Last, Suffix	Address	Address Address, City or Town, State, Zip Code, Country				
MANAGER	AL MARKETING, LLC		2650 MCCORMICK DR CLEARWATER, FL 33759 USA				
This electronic signature of the individual or individuals signing this instrument constitutes the							

This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 24 Day of October 2023 at 12:45:34 PM by the Authorized Person

ROBERT N HIGHTOWER

Form No. 450 Revised 09/07

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FRONTIER INSURANCE DISTRIBUTION, 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 SECOND DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRONTIER INSURANCE DISTRIBUTION, LLC" WAS FORMED ON THE FIRST DAY OF AUGUST, A.D. 2006.

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



Jeffrey W. Bulliock, Secretary of State

Authentication: 204285278 Date: 10-02-23

4198737 8300

SR# 20233626071 You may verify this certificate online at corp.delaware.gov/authver.shtml