





## STATE OF IDAHO Office of the secretary of state, Phil McGrane CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

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| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same I descriptions below) | Day Service (see   | Standard (filing fee \$100)               |                 |
|---|--------------------|---|-----------------|
| 1. Limited Liability Company Name   |                    |   |                 |
| Type of Limited Liability Company   |                    | Limited Liability Company                 |                 |
| Entity name   |                    | Endurance Insurance LLC                   |                 |
| 2. The complete street address of the principal office is:  |                    |   |                 |
| Principal Office Address  |                    | 1045 N. CLITHERO DR.<br>BOISE, ID 83703   |                 |
| 3. The mailing address of the principal office is:  |                    |   |                 |
| Mailing Address   |                    | PO BOX 9976                               |                 |
|   |                    | BOISE, ID 83707-5976                      |                 |
| 4. Registered Agent Name and Address  |                    |   |                 |
| Registered Agent  |                    | Registered Agent                          |                 |
|   |                    | Thomas M. Larsen                          |                 |
|   |                    | Physical Address:<br>213 CANYON CREST DR. |                 |
|   |                    | STE. 200                                  |                 |
|   |                    | TWIN FALLS, ID 83301                      |                 |
|   |                    | Mailing Address:                          |                 |
|   |                    | 213 ČANYON CREST DR                       |                 |
|   |                    | STE 200                                   |                 |
|   |                    | TWIN FALLS, ID 83301-3053                 | 3               |
| I affirm that the registered agent appoir   | ited has consented | d to serve as registered agent fo         | or this entity. |
| 5. Governors  |                    |   |                 |
| Name  |                    | Address                                   |                 |
| Nicholas Buyse  |                    | 1045 N. CLITHERO DR.<br>BOISE, ID 83703   |                 |
| Signature of Organizer:   |                    |   |                 |
| Nicholas Buyse  |                    |   | 02/26/2024      |
|   |                    |   |                 |