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APPLICATION FOR REGISTRATION OF FOREIGN LIMITED LIABILITY COMPANY

(Instructions on back of application)

2006 JUL -7 PM 3: 29

SECRETARY OF STATE STATE OF IDAHO

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1.	The name of the limited liability company is:
	Stephens Insurance LLC
2.	If the name of the limited liability company is not permissible or is not available in Idaho, the name the foreign limited liability company will use in Idaho is:
3.	The jurisdiction under whose laws the limited liability company is organized is: Arkansas and the date of its formation was: 06/19/2006
4.	The name and address of the registered agent in Idaho is: C T Corporation System 300 North 6th Street, Boise, Idaho 83702
5.	The address of the limited liability company's office in the jurisdiction under whose laws it is organized is:
	111 Center Street, Little Rock, AR 72201
3.	The address of the limited liability company's principal office, if other than the address in #5 above, is:
	The address to which correspondence should be addressed is:
	£11 Center Street, Little Rock, AR 72201
3.	Signature of a manager, if any, or a member if there are no managers.
	Signature
7	ypedName Manager & Member 17
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Arkansas Secretary of State Charlie Daniels

State Capitol Building • Little Rock, Arkansas 72201-1094 • 501-682-3409

Certificate of Good Standing

I, Charlie Daniels, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

STEPHENS INSURANCE, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office June 19, 2006.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 7th day of July 2006.

Charlie Daniels Secretary of State

Online Certificate Authorization Code: 36b9bc71e69d4d2 To verify the Authoriziation Code, visit sos.arkansas.gov