







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney FOREIGN REGISTRATION STATEMENT (BUSINESS

CORPORATION)

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

For Office Use Only

-FILED-

File #: 0003647166

Date Filed: 10/11/2019 1:35:52 PM

| | oreign Registration Statement (Business Corpo Select one: Standard, Expedited or descriptions below) | , | Standard (filing fee \$100) | | |
|--|---|-----------|---|--|--|
| 1. | 1. The name this business corporation will use in Idaho is: | | | | |
| | Type of Corporation | | Foreign Business Corporation | | |
| | Entity name | | Baird Insurance Services, Inc. | | |
| The name of the business corporation in its home jurisdiction as shown o | | | s shown on the attached certificate of existence/good standing: | | |
| | Baird Insurance Services, Inc. | | | | |
| | Upload or Mail a PDF of a Certificate of Existence/Good Standing rom the home jurisdiction dated within 90 days of today. | | | | |
| 2. | 2. Home Jursidiction | | | | |
| | The jurisdiction of formation is: | | WISCONSIN | | |
| 3. | 3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is: | | | | |
| | Street Address | | LEGAL DEPT | | |
| | | | 777 E WISCONSIN AVENUE MILWAUKEE, WI 53202 | | |
| _ | MILVVAUKEE, WI 53202 | | | | |
| 4. The mailing address of its domestic principal office (if required by the laws of the jurisdiction of formation) is: | | | | | |
| | Mailing Address | | LEGAL DEPT 777 E WISCONSIN AVENUE | | |
| | | | MILWAUKEE, WI 53202-5391 | | |
| 5 | 5. The complete street address of the principal office is: | | | | |
| Principal Office Address | | | LEGAL DEPT | | |
| Timolpai Cinos Address | | | 777 E WISCONSIN AVENUE | | |
| | | | MILWAUKEE, WI 53202-5391 | | |
| 6. The mailing address of the principal office is: | | | | | |
| Mailing Address | | | LEGAL DEPT | | |
| | | | 777 E WISCONSIN AVE MILWAUKEE, WI 53202-5391 | | |
| L | | | WILLWAOKEE, WY 33202-3391 | | |
| 7. Registered Agent Name and Address | | | | | |
| Registered Agent | | | CORPORATION SERVICE COMPANY Commercial Registered Agent | | |
| | | | Physical Address | | |
| 12 BC | | | 12550 W EXPLORER DR STE 100 | | |
| | | | BOISE, ID 83713 | | |
| | | | Mailing Address | | |
| | | | 12550 W EXPLORER DR STE 100 | | |
| | | | BOISE, ID 83713 | | |
| 8. Governors | | | | | |
| | Name | Title | Address | | |
| | Paul L Schultz | Secretary | LEGAL DEPT | | |
| | | • | 777 E WISCONSIN AVENUE | | |
| | | | MILWAUKEE, WI 53202-5391 | | |



| Signature of individual authorized by the entity to sign: | | | | |
|---|------------|--|--|--|
| Paul L Schultz | 10/11/2019 | | | |
| Sign Here | Date | | | |
| Signer's Title: Secretary | | | | |

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS



Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

BAIRD INSURANCE SERVICES, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is December 31, 1931.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on October 11, 2019.

MARY ANN MCCOSHEN, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Page 3 of 3 this code: **253445-A8175FB5**