

State of Idaho

Office of the Secretary of State

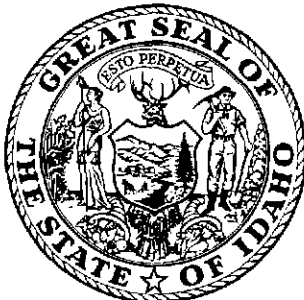
**CERTIFICATE OF REGISTRATION
OF
ELEVON AVIATION INSURANCE SERVICES, LLC**

File Number W 166411

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: May 9, 2016



Lawrence Denney
SECRETARY OF STATE

By

[Signature]



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2016 MAY -9 AM 9:29

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Elevon Aviation Insurance Services, LLC

2. The name which it shall use in Idaho is: _____

(Enter a name here, only if you are required to adopt an alternate name)

3. Select the type of entity you wish to register:

☐ Business Corporation

☐ General Partnership

☐ Nonprofit Corporation

☐ General Cooperative Association

☐ Limited Liability Partnership

☐ Limited Partnership (Including a limited liability limited partnership)

☒ Limited Liability Company

☐ Statutory Trust, Business Trust, or Common-law Business Trust

☐ Other: _____

(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)

4. Jurisdiction of formation: GA

(Provide the domestic jurisdiction where the entity was formed)

5. The address of its principal office is:

40 Technology Pkway South, #300 Norcross, GA 30092

(Street Address)

c/o Herbert L. Jamison & Co., LLC 20 Commerce Dr, Ste 200 Cranford, NJ 07016

(Mailing Address, if different)

6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

(Street Address)

(Mailing Address, if different)

7. The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)

8. The name of the registered agent and street address of registered agent in Idaho:

Corporation Service Company, 12550 W. Explorer Drive, Suite 100, Boise, ID 83713

(Name)

(Address)

9. The name, capacity, and mailing address of at least one governor:

Please See Attached

(Name)

(Capacity)

(Address)

(Name)

(Capacity)

(Address)

Signature: _____

Typed Name: Dean Curtis

Capacity: SR VP

Secretary of State use only

IDAHO SECRETARY OF STATE

05/09/2016 05:00

CK:26658 CT:248874 BH:1527551

1@ 100.00 = 100.00 FOR REG ST #2

W166411

Elevon Aviation Insurance Services, LLC Officers & Directors

FEIN: 30-0922040

Name	Title	Business Address
Jim W. Henderson	Manager	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Thomas E. Riley	Manager	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Paul Vredenburg	Manager	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Thomas Hollinger	Managing Director	1669 Fernstone Dr. NW Acworth, GA 30101
Dean J. Curtis	SVP	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Stanley K. Kinnett, II	Chief Corporate Counsel, Asst. Secretary	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Lisa Kammerer	VP	25548 Genesee Trail Rd. Golden, CO 80401
AssuredPartners Capital, Inc.	Member- 100% Shareholder	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Elevon Aviation Insurance Services, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	: 13151771
Date Inc/Auth/Filed	: 02/02/2016
Jurisdiction	: Georgia
Print Date	: 04/28/2016
Form Number	: 211



A handwritten signature in black ink, appearing to read "B. P. Kemp".

Brian P. Kemp
Secretary of State